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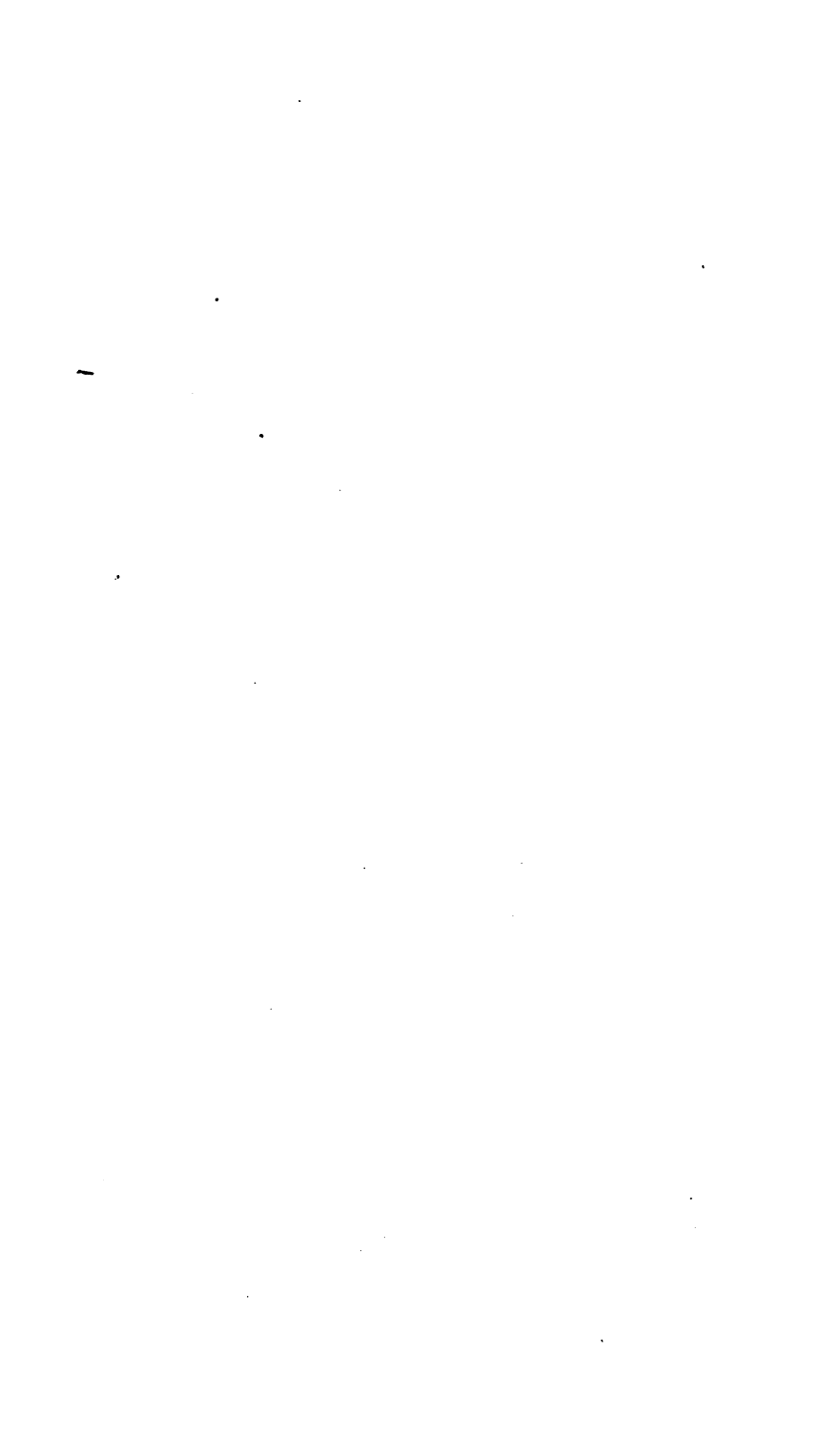


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NOTES
OF
HOSPITAL PRACTICE.

PART IV.

NEW YORK AND PHILADELPHIA HOSPITALS

EDITED BY

SAMUEL M. MILLER, M. D.

LEA'S
PHILADELPHIA

PHILADELPHIA, PA.

SAMUEL M. MILLER, M. D., Publisher.

1882.

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JOHNSTON'S

JOHNSTON'S FLUID BEEF.



FLUID BEEF

prescribed by the medical practitioners of the UNITED STATES and GREAT BRITAIN, attest its value to the profession.

Combines within itself ALL the nutritious properties of good sound beef, and in this respect, differs from all the other extracts of meat yet offered. It is not only stimulating, as are those preparations which contain only the soluble salts of beef. The increasing demand for the preparation, and the confidence with which it is

By Wm. HARKNESS, F.C.S., L., ANALYTICAL
CHEMIST to the BRITISH GOVERNMENT:

Laboratory, Somerset House, London, England.

I have made a very careful chemical analysis and microscopical examination of Johnston's Fluid Beef, and find it to contain in every 100 parts:

Moisture	26.14	
Albumen and Gelatine	21.81	} Nitrogenous or flesh forming food.
Fibrin in a readily soluble form	37.48	
Ash or Mineral Matter	14.57-100.00	

"The mineral matter is rich in phosphates. The microscopical examination shows the Fluid Beef to contain good, sound beef, ground to a very fine powder. There is not the slightest trace of fungus, spores, or any other organization which would tend to produce decomposition. I consider this a most valuable preparation, combining as it does, a concentrated extract of beef with the solid beef itself, the latter being in a form easily digested."

DR. STEVENSON MACADAM, Ph.D., F.R.S.C., F.C.S., of
ANALYTICAL LABORATORY, SURGEON'S HALL,
EDINBURGH, says:-

Although this preparation has exceptional recommendations, as a resuscitating agent for invalids, dyspeptics, children, infants and nursing mothers, its dietetic qualities are none the less to be appreciated as an article of food.

In the form of soup or as an addition to soups, it will supply the nutritive qualities they lack, thus forming a valuable, convenient and economical accession to the larder. SUBSTITUTE FOR ALCOHOLIC STIMULANTS.

GENERAL AGENT FOR THE UNITED STATES.

ROBERT SHOEMAKER & COMPANY.

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GENERAL DISEASES.

DIABETES MELLITUS.

The treatment adopted in all these cases by Dr. A. A. Smith consists in the administration of *codeia* (one-fourth of a grain t. i. d.), gradually increased to *one* grain three times a day; the tincture of the chloride of iron, (twenty drops t. i. d.); and a laxative pill consisting of aloes, nux vomica, and hyoscyamus. The patients are allowed to drink as much water as they desire. The diet is that ordinarily prescribed for diabetic patients and such as can be found in the different books upon the subject.

Dr. Austin Flint has found that dietetic treatment causes sugar either to disappear entirely, or to be reduced to a very small quantity in a short space of time. He regards the important treatment to be dietetic, and has been led to believe that failure has been due, in a very large measure, if not entirely, to lack of thoroughness in its being carried out. The diet should be made satisfactory to the patient, as well as rigidly adhered to. His rule is to give the patient a list of articles of diet which he may take and also a list of the articles of which he must not take, so, that both lists can be referred to constantly. General directions concerning diet are quite often not effectually carried out. But there should be such a combination and variation in the articles of diet as to render it satisfactory to the palate. It requires considerable care to accomplish this, but it is an essential part of the treatment. So far as his experience goes, there are but few patients who are content with taking bread made from pure husk of wheat; therefore he advises such persons as cannot, to take bread made from flour which is not absolutely free from starch. As regards medicinal treatment, he has not used *codeia* systematically, as recommended by Pavy, and adopted by Dr. Smith.

Dr. S. T. Hubbard recommends a tablespoonful of brewer's yeast three or four times daily.

Dr. T. C. Peters regards *nux vomica* as the best remedy.

Dr. William H. Draper agrees entirely with Dr. Austin Flint as regards the superiority of the dietetic management of diabetic cases. He thinks that until we can reach a true estimate of the utility of medicines without dietetic treatment, it is not possible to estimate exactly the value of medicines in the treatment of this disease. Almost always those remedies which have obtained the greatest reputation in the treatment of diabetes, outside of alkalies, have been used in conjunction with dietetic treatment. With regard to the opium treatment, he has not had a large experience. Although Dr. Pavy has attached great importance to it, Dr. Dickinson has not had equal success in its use. Dr. Draper has had some experience in the use of sulphide of calcium, and has been much pleased with the results. The remedy, however, is not used without restricting the diet. In the grave forms of the disease he does not believe there is any remedy which does any good.

PILES.

Dr. Fordyce Barker advocates the use of aloes in hæmorrhoids. The following formula is proposed by him:

R	Pulv. aloes soc.,	
	Saponis castil,	aa ʒj.;
	Ext. hyoscyami,	3 ss.;
	Pulv. ipecac,	gr. v. M. ft. pil. No. xx.

Sig.—One morning and evening.

When the patient is anæmic he adds to the above twenty grains of the sulphate of iron. A popular and very useful aperient in piles is a combination of equal parts of the bitartrate of potassium and sulphur, given in milk. Sulphur internally exercises a most soothing influence on the inflamed tumors more than can be fairly attributable to its *perient action*.

In those who have, or are predisposed to have hæmorrhoids, Dr. Barker recommends the following :

R Magnesiae sulph.,
 Magnesiae carb.,
 Potass bitart.,
 Sulphur. sublim., aa ʒ ss. M.

Sig.—From a teaspoonful to tablespoonful of the powder in a wineglass of sugar and water before breakfast.

ASTHMA.

Dr. Bartholow, who has studied the effect of ethyl iodide, recommends inhalations of fifteen to twenty drops of this ether from a handkerchief, repeated three or four times daily. It keeps the system constantly impregnated with iodine, and proves a most useful agent in spasmodic and other forms of nervous dyspnoea, as also in the dyspnoea of chronic bronchitis. He also mentions the good results obtained by its inhalation in hay-asthma. It seems to favor oxygenation of the blood and to stimulate the respiratory muscles.

R Tinct. lobeliae, ʒ i. ;
 Ammon. iodidi., ʒ ij. ;
 Ammon. bromidi., ʒ iij. ;
 Syrup. toltan, ʒ iij. M.

Sig.—A teaspoonful every one, two, three, or four hours.

Of this prescription Dr. Bartholow says : It gives relief in a few minutes, and sometimes the relief is permanent.

NASO-PHARYNGEAL CATARRH.

On this subject Dr. Andrew H. Smith expresses himself as follows :—

1. Keep the parts clean.
2. Remove all sources of irritation resulting from occupation, residence, climate, etc.
3. Enforce attention to hygiene and to the general health.
4. If there is obstruction to nasal breathing, remove the obstruction.
5. If there is ulceration, use strictly local applications, with a view to healing.

6. If there is hypertrophied glandular structure, yielding excessive secretion, remove the hypertrophied portion.

7. If, after the above indications have been fulfilled, there is still hyperæmia, use mild astringents and sedatives, and such constitutional treatment as is thought to be indicated.

8. Cease treatment the moment there is no longer a definite indication for it.

SPLENITIS.

According to Dr. Bartholow two remedies, in particular, are of service for this purpose, ergotine and quinine. He orders a hypodermic injection of ergotine (grs. iij., water, q. s.) over the region of the tumor three times a week, and the regular administration of quinine (gr. iij.) and ergotine (gr. j.) three times a day. In addition he directs the use of the ointment of the red iodide of mercury, of which a small quantity is to be rubbed in at night. In India it has been found that, if the ointment is rubbed in while the rays of the sun are falling upon the spot, it will have more effect.

The biniodide of mercury produces decided inflammation of the skin. He, therefore, directs the use of it until a decided effect is produced or until desquamation occurs.

ACUTE RHEUMATISM.

The routine treatment for acute articular rheumatism pursued in Bellevue hospital at present is salicylate of soda in twenty grain doses given every two hours, until the pain has subsided to some considerable degree. The drug is then continued in the same dose, but with gradually decreasing frequency, until the patient no longer complains of pain. In a certain proportion of cases, however, the administration of the drug is followed by the onset of delirium, *so violent that it becomes necessary to stop its use.* In

these cases and in others where deafness, tinnitus aurium, or headache, are produced by it, the use of bromide of sodium or lithium has been found to alleviate the unpleasant symptoms. If doses of twenty grains of bromide of lithium are given with every alternate dose of the salicylate of soda, the delirium and headache will disappear in many cases. The use of the bromide does not seem to interfere in any way with the effect of the salicylate. The bromide of lithium is of more service than either that of sodium or potassium for this purpose.

IDIOPATHIC ERYSIPELAS.

A number of cases of idiopathic erysipelas of the face have recently been seen in Bellevue, a special tent having been erected for their accommodation. The treatment has been both local and general. The use of lead and opium wash applied upon a piece of lint, in the form of a mask, has been of evident service in some cases, being agreeable to the patient, and relieving the heat and irritation of the surface. In one case the compound tincture of benzoin, painted thickly over the swollen and œdematous tissues, gave great relief to the patient (as in fact any means of protection from the air will do), and in addition, seemed to reduce the swelling and infiltration of the tissues more rapidly than any other application. It was applied three times daily, and in the course of twenty-four hours the swelling had almost entirely subsided. The practice formerly in the use of coating the face with collodium has been abandoned as useless and harmful, the stiff edges of the broken coat often cutting the tender skin beneath. The general treatment consists in the use of tinctura ferri chloridi in large doses frequently repeated; and in the administration of whiskey in accordance with the indications furnished by the pulse. Where the temperature is high at night single antipyretic doses of quinine are employed with advantage, the continuance of a high temperature being apt to exhaust the strength of the patient very rapidly, and

retard recovery, if it has no more unfavorable result. Under these methods of treatment no fatal case has yet occurred, the complication of meningitis being of rare occurrence in hospital cases.

THE ANTIPYRETIC TREATMENT OF TYPHOID FEVER.

1. Dr. Austin Flint holds : That by the employment of cold water externally in cases of typhoid fever, the temperature of the body may, after a variable time of the continuance of the employment, be reduced to 102° or lower.

2. After a period varying very much in different cases, and, also, at different times in the same case, the temperature, as a rule, again rises as high as, or higher than, before the reduction.

3. Repeating the employment of cold as often as the axillary temperature exceeds 103° , the number of repetitions required in different cases is extremely variable.

4. The sponge bath and the wet sheet with sprinkling may be employed to the exclusion of the bath-tub in the antipyretic treatment in cases of typhoid fever as well as of other febrile diseases.

5. These modes of employing cold water may be continued sufficiently long for the reduction of temperature to 101° or lower, and repeated as often as may be required, without risk or any immediate injury, and the study of these cases furnishes no ground for supposing that a liability to complications or accidents is thereby increased.

6. Reductions of temperature by these modes as often as it rises, in the axilla, above 103° , improves the condition of the patient. The cases he has studied do not afford proof either that the fatality of typhoid fever, or that its duration is thereby diminished. The study of these cases, however, renders it impossible that this proof would be afforded by a larger collection of cases.

7. *The results of the analysis of these cases, although not sustaining the statements of Liebermeister and others re-*

specting the controlling influence of the employment of cold externally in cases of typhoid fever, yet not only show this method of antipyretic treatment to be safe, but afford encouragement to employ it with the expectation of diminishing the severity of the disease and its danger to life.

FAVUS AND ITS TREATMENT BY NEW METHODS OF DEPILATION.

Epilation, or depilation, as it should be more correctly called, has long been practiced for this disease, first by the fingers alone, then with the aid of the forceps, and later by means of what is known as the *calotte*, or covering made of adhesive material spread on strips of linen, which, after hardening on the scalp, were torn off, bringing the adherent hairs with them.

Having to treat a large number of cases of tinea tonsurans, or ringworm of the scalp, in a public institution, some time since, and desiring to depilate more readily than could be done by the forceps, Dr. L. D. Bulkley endeavored to use the *calotte*, and had the strips prepared according to the French formula. This proved an utter failure; the material could not be made to adhere sufficiently well to the cloth, and masses of it were left adherent to the hairs, and very few of the latter were pulled out. Moreover, as the scalps were not entirely and absolutely covered with a disease which had loosened the hairs, the healthy ones would not come out, and the operation caused great pain.

It then occurred to him to employ shoemakers' wax, in a lump, which could thus be applied only to diseased patches; but this was not sufficiently adherent, as the warmth of the skin kept it too soft, and no hairs were drawn. He then remembered having heard of, or having seen a French *pâte épilatoire* advertised for the removal of superfluous hair from the face of ladies, and, on securing a specimen of this, he found that when applied it held tenaciously to the hairs, and that the diseased ones could thereby be extracted with great efficiency.

After a number of experiments with different combinations, he succeeded in imitating these sticks very perfectly, and the following is the formula :

R	Ceræ flavæ,	℥iii.	
	Laccæ in tahulis,	℥iv.	
	Resinæ,	℥vi.	
	Picis Burgandicæ,	℥x.	
	Gummi Dammar,	℥iss.	M.

After the ingredients are thoroughly incorporated, the mass is rolled into sticks of various sizes, from one-quarter to three-quarters of an inch in diameter, and cut off in lengths of two or three inches each. The idea of the different sizes is that the work may be rapidly done with the broader sticks, where a large surface is to be gone over, while the thinner ones fit small irregularities, or can be applied to small isolated spots. If the sticks are more than two or three inches in length, they are rather unmanageable when it is desired to apply a number at once.

The idea sought to be obtained in the composition of the sticks was to have a substance which would melt at a comparatively low temperature and yet be hard at that of the body also, one which would cool quickly and have great cohesive properties, for some of the earlier combinations experimented with were found to break off, and to leave a portion adhering to the skin. The sticks are applied by slightly melting the end in an alcoholic flame, and care must be taken in applying them to heat the surface only superficially, and not to place it upon the part instantly, for it may thus be very painful, and even burn the skin, causing a blister.

The hair should be cropped short, about an eighth of an inch long, over the part to be treated, and as the stick is applied a slight rotary or twisting motion is given to it to work the short hairs into its substance. It is to be left on for several minutes,—the longer the better,—and is removed by bending it over and drawing the hairs in succession, even with a slight twisting motion. When the diseased surface is at all large, a number of sticks may be ap-

plied, one after another, and left on until cold; and as one is removed it may be immediately reapplied, and the one next longest on may be taken off and again replaced, and so on. Dr. Bulkley thus used a dozen or twenty sticks at once, and so made very rapid progress in a very short time.

When the stick is removed from a greatly diseased patch of favus which has still much hair, the end is as thickly set with the bristling hairs as can be imagined, resembling a very fine infant's brush, and for a time it was a puzzle to know how to cleanse the end for a new application. The most ready and best method of accomplishing this is to burn the hairs in the flame which is used to melt the stick, and to wipe the end firmly upon a sheet of paper; the unburned portion of the hairs, with some of the material, will then be left adhering to the paper. Further contagion from the hairs is thus prevented, and a good surface is left on the stick for subsequent use.

The pain attending the extraction of the hairs by this method is not nearly as great as one might imagine, although of course, it is considerable; a little practice renders it possible to give less pain than when first used, and he has found very considerable difference between the way patients have borne it when he performed the operation himself, or have entrusted it to one of the gentlemen attending his clinic. He has employed this method of depilation in at least six or eight cases, and in some of them for a considerable length of time.

THE TREATMENT OF CONSTIPATION BY THE SWEDISH-MOVEMENT CURE.

In order the more readily to convey a definite idea of the principles on which the Swedish Movement Cure is based, and the mode in which these principles are carried into practical execution, Dr. Benjamin Lee gives the following prescription for that *bête noire* of the profession, constipation. It will be observed each clause of the prescripti^{on}

contains two parts; the first is the attitude or position to be assumed by the patient in taking the movement, the second is the movement itself. They are distinguished by drawing a line down the middle of the prescription.

PRESCRIPTION OF MOVEMENTS FOR A CASE OF OBSTINATE CONSTIPATION.

1. Heave standing,	Chest expansion, deep inspiration.
2. Half lying,	Leg flexion and extension (p. r.)
3. Half ride fall sitting,	Trunk twisting (p. r.)
4. Toward standing,	Thigh extension, forced (p. r.)
5. High ride turn sitting,	Circular twisting with pressure upon stomach and in the lumbar region.
6. Extension standing,	Colon stroking.
7. Forehead fix, high knee astride standing,	Spine extension, forced (p. r.)
8. Side stretch standing,	Liver vibration.
9. Lying.	Abdomen kneading, pressure with vibration over solar plexus.

The attitudes being very various, their nomenclature is necessarily somewhat cumbersome, while its foreign parentage makes it awkward to American ears. Suffice it to say that each variation has reference to special groups of muscles, or certain organs.

The first movement in this prescription is a respiratory one, taken in the erect position, with the chest thrown out, and accompanied by deep inspirations; its object being to invigorate the entire system by introducing a large amount of oxygen into the blood supply, to bring both muscles and nerves into a highly vitalized state, in which they will respond most readily to the stimulus of the subsequent movements.

The second is derivative, designed to relieve congestion of the abdominal organs by drawing down the blood into

the lower extremities. In this, the trunk is placed at rest in a semi-recumbent posture. The letters (p. r.) will be noticed immediately after this movement. They signify that *patient resists*, the movement being made by the operator. This is therefore, a *duplicated movement*, and the entire will of the patient being concentrated upon this effort, it is powerfully revulsive.

The third principal has two principal ends: the first, pressure upon the entire abdominal contents by the abdominal parietes, thus relieving congestion by forcing the blood out of the large vessels; and secondly, invigorating and developing the transverse and oblique abdominal muscles, which are rarely brought into play in ordinary exertions. The attitude is such as to fix the pelvis. The arms are then crossed over the top of the head, and the extended elbows are made use of as a lever, by means of which the trunk is twisted or rotated upon its axis, the patient resisting the operator's effort.

The fourth places the abdominal muscles, especially the *recti*, strongly upon the stretch, thus inviting a copious flow of blood into their capillaries, while at the same time, by irritating the muscles about the hip and perineum, and the *psoas iliacus*, it stimulates the nerves of the lumbar and pelvic plexuses.

The next consists in a rapid rotation of the entire trunk upon the pelvis, bringing all the muscles of the lower part of the trunk into play, and subjecting the pelvic viscera to alternate pressure and relief from pressure. It promotes activity in the portal circulation, and stimulates peristaltic action. It is accompanied with firm pressure upon the stomach and in the lumbar region, the former with a view of stimulating the solar plexus, and the latter the lumbar nerves.

The next movement is entirely passive, the patient standing, while the operator slowly and firmly strokes the colon in the direction of its vermicular wave; its primary object being to accelerate the passage of fecal masses and flatus.

through that portion of the canal, and its secondary object to stimulate its rhythmic contractions.

The seventh produces extreme erection of the spine, thus affording increased space for the abdominal organs, usually compressed by improper attitudes.

The eighth movement is the movement cure blue pill. The patient takes such an attitude as shall place the muscles of the right side strongly on the stretch, and the operator then produces a rapid vibration of the parietes of the chest and abdomen immediately over the liver. The effect is to relieve congestion of the organ and excite a healthy flow of bile.

Finally, the patient lies upon the back, and a thorough kneading of the abdomen is given, followed by pressure and vibration over the solar plexus. The circulation of all the abdominal viscera is thus stimulated, the passage of both chyle and fæces through the alimentary canal is aided, healthy secretion is promoted, undue accumulations of mucus are dislodged, and the great nervous centre of the organic system is roused into the highest state of activity. There are very few cases of constipation, however obstinate, which will resist a fortnight of this treatment daily, and many cases will yield in a week. The time occupied in carrying out this prescription is about an hour.

JAUNDICE.

Dr. Alonzo Clark's treatment consists in giving bicarbonate of soda. He gives it because it is an element of the bile, and an element that makes it more fluid than it would naturally be. It can therefore escape through a narrower passage than the ordinary thick bile. It has about as much power to cause secretion from the liver as calomel. He gives it in doses of 1 to 2 drachms per day, 15 or 20 gr. at a time, to be stirred up with water. The best time to take it is after digestion is completed, about 3 hours *after taking food*. It is the very best remedy against the

effusion of gall stones. He has given it for 30 or 40 years and has effected some quite unexpected cures. In each case it is given by the test; the patient supplies himself with slips of litmus paper and tests his urine once or twice a day to see if it is acid or alkaline; as it is not desirable to keep the urine alkaline, for any length of time, the rule in any such a case is, to take the soda without reference to quantity, until the acidity of the urine is reduced to its minimum. There is a chance for the formation of calculi, and the good that you want to effect can be accomplished by keeping the urine in the slightest degree acid so that it turns litmus paper to the very faintest red. With reference to gall stones the carbonate of soda will not dissolve a gall stone already formed, but it will prevent the formation of any more. Gall stones are constituted in very large degree of cholesterin, and the presence of the soda in the system prevents the formation of cholesterin.

MILK DIET IN BRIGHT'S DISEASE.

The milk is used thoroughly skimmed, and entirely freed from butter. To procure the best results, it has been advised that the patient shall restrict himself absolutely to milk, and continue the treatment for a long time. If it disagrees with the stomach (as it will in some cases), Dr. Mitchell advises that the patient be put to bed, and the treatment commenced with tablespoonful doses, to which lime water is added, until the stomach tolerates the milk, when from 8 to 10 pints daily should be taken, and absolutely nothing else.

ACUTE TONSILLITIS.

Dr. J. M. DaCosta gives ten grains of quinia daily, at first in a single morning dose, afterwards in divided doses. The patient is allowed to suck ice freely, and ice is applied in bags to the outside of the throat assiduously, otherwise, nothing is done locally. A little water may be used as a *gargle*, but no astringents.

ON THE USE OF QUEBRACHO IN DYSPNŒA.

Dr. Andrew H. Smith's report to the New York Therapeutical Society on the employment of this drug for the relief of dyspnœa, contains some points of interest. Of the thirty-two cases covered by this report, eleven were of spasmodic asthma, with or without emphysema and bronchitis. Of these, in nine cases the dyspnœa was notably relieved. In two cases of asthma, associated with bronchitis, no benefit resulted. One patient with emphysema and bronchitis, without asthma, was relieved. One with bronchitis, with obesity, was not relieved. Two with mitral insufficiency were not relieved. One with mitral stenosis was not relieved. One with hypertrophy, with dilatation, was not relieved. In two cases of cardiac disease (form not stated) the dyspnœa was relieved. In one case of fatty heart there was slight relief. Two patients with dyspnœa depending on Bright's disease, in one of whom pulmonary œdema was noted, were relieved. In one case of aortic aneurism, the dyspnœa was relieved till near the close. In one case of cancer of the lung, dyspnœa was relieved. In one case of tonsillitis, the dyspnœa, partly nervous, was relieved. In two cases of pneumonia it was relieved. One patient with hysterical dyspnœa was relieved. In one case of catarrhal phthisis, second stage, the dyspnœa was relieved. In one case of catarrhal phthisis, third stage, it was not relieved. In one case of intermittent fever, with old pleurisy, the patient being an opium-eater, the dyspnœa was increased.

Thus, of the thirty-two cases of different diseases in which dyspnœa formed a prominent feature, this symptom was relieved to a greater or less extent in twenty-two; not relieved in ten; aggravated in one. Dr. Smith, in explaining the action of quebracho, thinks it acts upon the respiratory centre by blunting the sense of want of air, and thus *mitigates the suffering* from a deficient supply. The *extremely disagreeable taste* of the medicine and its

tendency to produce nausea, are, however, serious drawbacks to its use by the mouth.

TREATMENT OF MALARIAL CHILL.

At the Bellevue Hospital the following means are, among others, employed to prevent malarial chill:

1. The hypodermic injection of pilocarpine, gr. $\frac{1}{4}$
2. The inhalation of gtt. v. of amyl nitrite every twenty to thirty minutes.
3. The administration of chloroform and whiskey, of each $\bar{5}$ ss.

The excessive diarrhœa of typhoid is said to be remarkably controlled by the administration of gtt. xx. of turpentine every two to three hours.

TREATMENT OF INTERMITTENT FEVER.

Dr. Austin Flint gives once five grains of quinine, and repeats the dose every four hours until slight signs of cinchonism are detected. He continues it in full doses till the paroxysm no longer occurs, and in smaller doses for a long time afterward. He generally gives it by the mouth, but it may be given by the rectum in double the quantity, by means of enemata. Or if these both be impracticable, by hypodermic injection, in doses about one-half less than by the mouth.

In effecting a cure, quinia acts as a toxical agent, destroying the low organisms on which the disease depends for its development.

Dr. Flint sometimes aborts a paroxysm by full doses of opium, or by pilocarpine. Very favorable reports of the efficiency of this latter agent have recently been recorded by him. Any measure that will arrest a paroxysm may effect a cure. During the paroxysms his treatment is always palliative; he uses with discretion the means that the indications may suggest. Iron is given for the anæmia attending the disease; nothing diminishes the size of the enlarged spleen so speedily as quinia.

PERNICIOUS FEVER.

In the stage of coma Dr. Flint uses external and internal stimulants, studies the indications and treats accordingly. His first object is to carry the patient safely through the first paroxysm, then to prevent its recurrence by quinia in full doses, pushed till cinchonism is produced. He gives an adult 20 to 30 grains at once, and, if a distinct impression is not produced in four hours, repeats the dose, bearing in mind that the drug may be given in dangerous doses. He keeps the patient quiet and warm, and when he expects another paroxysm gives an opiate and tries the abortive effect of pilocarpine.

PICROTOXINE IN NIGHT-SWEATING.

Dr. F. R. Henry has exclusively employed the active principle of *cocculus indicus*, picROTOXINE, in the treatment of night-sweating in phthisis and other diseases. His success with this substance has been decidedly superior to that previously obtained by the mineral acids, belladonna and ergot, singly and combined.

His attention was first called to this use of the drug by a quotation from an article in the *Practitioner*, by Dr. Wm. Murrell. The dose used by Murrell was from gr. $\frac{1}{180}$ to $\frac{1}{60}$; the latter amount, four times a day, being the largest dose administered by him. His custom has been to give a pill containing gr. $\frac{1}{80}$ at bed time, which dose may be repeated once or twice during the day in obstinate cases.

APHTHOUS SORE MOUTH OF INFANTS.

Dr. Ellerslie Wallace states that the sodium sulphite solution is the best remedy for aphthous sore mouth in infants.

R Sodii sulphit., gr. xxx.;
Glycerini;
Aquæ, aa ʒ ss. M.

To be used on a swab every two hours.

Where the child is using a nursing bottle, scrupulous cleanliness is required. The rubber nipple should be turned inside out after each time of using, washed clean and placed in a solution of bicarbonate of sodium (baking soda), in a tumbler, until again needed. It is better to have two, and use them alternately. Milk must never be allowed to stand in the nursing bottle until it becomes sour.

SPASMODIC CROUP IN CHILDREN.

In the treatment of laryngismus stridulus, Dr. Wallace highly approves of large doses of potassium bromide, given every hour or two; for a child two years old, he would give six grains every two hours. It may be given in syrup of wild cherry, or in the form of elixir of potassium bromide.

NOCTURNAL INCONTINENCE OF CHILDREN.

Prof. S. D. Gross, of Philadelphia, advises :

R	Strychniæ,	gr. j. ;
	Pulv. canthar.,	gr. ij. ;
	Morph. sulph.,	gr. jss. ;
	Ferri. pulv.,	gr. xx.

M. Make 40 or 50 pills or powders, *pro re nata*.

Sig.—One three times a day to a child ten years old.

ACUTE LARYNGITIS IN INFANTS.

In ordinary cases the yellow sulphate of mercury, prescribed in powder in two-grain doses, may be administered as an emetic. The atmosphere which the child breathes should be constantly loaded with moisture, without, however, that degree of heat which would add materially to the discomfort of the patient. Moist air promotes expectoration and renders the cough looser. A temperature of 75° to 80° F. is required.

The following is Dr. J. L. Smith's most efficient solvent for the pseudo-membrane, and should be used in the steam-atomizer :

R	Calcis,	3 ss. ;
	Aquæ,	3 viij. ;
	Glycerinæ,	3 ij. M.

Each second hour one ounce of the following should be used, the lime-water being used constantly between times :

R	Potass. chlorat.,	5 ij. ;
	Amm. muriat.,	3 j. ;
	Glycerinæ,	ij. ;
	Aquæ,	3 vj.

The inhalations may be continued for two hours without wearying the child.

If the temperature is high, quinia should be given in two or three large doses.

As regards local measures, cold water may be constantly dropped from a sponge upon a compress laid over the throat of the child, or two or three thicknesses of muslin soaked with camphorated oil may be applied over the larynx so as to cover the neck in front, and over this a bladder containing pieces of ice, or ice surrounded by oil-silk, to prevent dripping. If oxygen be obtainable, the inhalation of this agent will be found to relieve the dyspnoea.

SUMMER DIARRHŒA OF CHILDREN.

Dr. Bartholow uses

R	Bismuth. subnit.,	3 j. ;
	Pepsinæ sacch.,	3 ss. ;
	Zinci oxidi.,	gr. vj.

M. Ft. pulv. No. xij.

Sig.—One powder every four to six hours.

Or,

R	Plumb. acetat.,	gr. viij. ;
	Acid. acet.,	gtt. vj. ;
	Tinct. opii deod.,	gtt. iv. ;
	Aquæ destill.,	3 j. M.

Sig.—A teaspoonful every two, three or four hours for a child two years of age.

SUMMER DYSENTERY AND DIARRHŒA OF TEETHING CHILDREN.

Dr. Bartholow uses

R	Ipecacuanhæ,	gr. xij. ;
	Bismuthi subcarb.,	3 j. ;
	Pepsinæ sacch.,	3 ss.

M. Ft. pulv. No. xij.

Sig.—One in milk every two hours.

SURGICAL AND VENERAL DISEASES.

SYPHILIS.

Dr. Gouley has for ten years been using the iodide of sodium instead of the iodide of potassium, believing that it was the potassium, and not the iodine, which was the toxic agent. He has found that large doses of iodide of sodium were much better borne than were equally large doses of iodide of potassium; and besides, the sodic salts in the same quantity had no tendency to produce sclerosis of the kidneys. He condemns the excessively large doses of iodide of potassium so frequently given, and believes that the physician who gives an ounce of the drug daily, and continues it for weeks and months, is guilty of malpractice. The syphilis may be cured, but the patient will very likely be killed by the chronic interstitial nephritis developed by this excessive and prolonged administration of the iodide of potassium.

As is well known, there are patients who cannot tolerate the minutest doses of iodide of potassium, while there are others who require very large doses. In his belief the latter are more likely to be harmed by the drug, for their stomachs tolerate the large doses, but in the end their kidneys suffer. He has had patients who could not bear a single grain at a dose, and others who required very large doses, but the latter have always given him greater anxiety. He has known a most violent hæmaturia to follow the use of forty grains of the iodide of potassium three times a day, and continued for two weeks. The symptom disappeared within a few days after discontinuing the drug, and afterward he was careful to give smaller doses.

THE RADICAL CURE OF HERNIA.

For the performance of this operation Dr. O. H. Allis requires only a needle and ligature. The needles a

curved and double pointed, with an eye at either extremity and are about three inches long. The ligature passes through both eyes. Let us suppose a patient before us and the operation to be upon a left inguinal hernia. The surgeon, standing at the patient's left, explores the condition of the external ring by invaginating the scrotum with the left fore-finger. The needle is now entered directly over the ring, carried into and along the superficial fascia, and drawn out at the outer border of the ring. It is now pushed forward until the terminal end has disappeared at the point of entrance. The left fore-finger again invaginates the scrotum and is carried to the entrance of the ring, where, by its presence, it can feel and guide the needle, which is now reversed in its course and directed through the external pillar, through the neck of the hernia, through the internal pillar, and made to reappear on the internal line. The third step is now to withdraw the needle at the inner line until its point has escaped the internal pillar, when the needle is again reversed, carried to where it originally entered, *i. e.* directly over the ring, and then entirely withdrawn. It will thus be seen that the needle has entered directly over the point of rupture, traversed both pillars and the neck of the hernia, and reappeared at the point of entrance without having been entirely withdrawn.

TREATMENT OF FRACTURE OF THE PATELLA BY THE WEIGHT AND PULLEY.

At the Presbyterian Hospital, N. Y., two cases of fracture of the patella, under the care of Dr. Geo. F. Shrady, were treated by the weight and pulley. Both fractures were transverse, were occasioned, as usual, by muscular violence, and the fragments were separated three-fourths and one and one-fourth inch respectively. The limbs were elevated on a single inclined plane, and two strong, broad *bands of adhesive plaster* were applied diagonally to the *anterior portion of the thigh*, crossing each other just above

the patella, and embracing a pad at the upper margin of the upper fragment. These bands terminated in loops on each side of the leg, and were attached to stout cords which passed to a foot-piece and over a pulley to the weights. The lower fragment was merely fixed by a bandage passed around the splint. Extension was made over the entire region of the quadriceps muscle, while the pad applied itself over the upper edge of the upper fragment, bringing it in apposition to the lower fragment. By these means the fragments were maintained in perfect apposition, without discomfort to the patient. Dr. Shrady prefers this method of treatment to any other he has employed.

THE TREATMENT OF HYDROCELE.

After the administration of an anesthetic, the sac is penetrated in front, near the lower part, by a long curved bistoury, whose point is brought out of the sac in front near the upper part, making two openings in the front wall of the scrotum, through which the hydrocele fluid can be evacuated, while the bistoury is uniting them into one general anterior opening into the sac. This operation is very rapidly and easily done, and it is not often that a blood vessel has to be ligated.

The testicle is carefully examined; it is left in place if healthy, and removed, if it is so diseased as to make such procedure necessary. And if as Dr. J. S. Wight has sometimes seen, there is gelatinous fibroid material about the testicle, it is carefully removed with a pair of scissors. The cavity may be washed out with a two per cent. carbolic solution, and then packed with oakum containing carbolized oil, which can be kept in place by a bandage. This oakum must be left in for two or three days, or until more or less suppuration takes place, so that it can be removed easily without injury to the young granulation tissue, and without causing any bleeding. After this, the wound of operation may be dressed with oakum, from day to day, the was

products being carefully removed, till scar tissue is formed and the sac is obliterated, which generally occurs in a few days.

Dr. Weir gives four cases of hydrocele treated in four different ways for their radical cure, viz : In the first case, injecting the tincture of iodine into the sac containing the fluid ; in the second, injecting pure carbolic acid ; in the third, injecting a ten per cent. solution of carbolic acid ; and in the fourth case, performing Volkmann's operation. In the latter case, there was found to be considerable inflammation and thickening in the sac, and it was not expected that the patient would recover so soon as if it were a simple case. One week later, the patient on whom the pure carbolic acid injection was made was again presented at the clinic, and the inflammation and enlargement had almost entirely subsided. The advantage of this method over that by the injection of the tincture of iodine was, that there resulted less serous exudation prior to adhesion of the two opposing surfaces of the tunica vaginalis.

PROLAPSE OF THE RECTUM.

If the child have chronic diarrhoea, Dr. Wright treats that by a suitable administration of astringents and opiates ; if there is dysentery he uses large doses of subnitrate of bismuth internally, and if there is ulceration of the mucous membrane applies nitrate of silver locally. If the child is very much debilitated he gives iron, quinine and cod liver oil ; in other words, attends to the general health. He next makes change in the habits of the child about going to stool ; insists that its movements be had in the recumbent position or in the upright posture, so that it cannot make use of its diaphragm and abdominal muscles. If the bowel still comes down with each movement it should first be thoroughly cleansed with cold water, then wet with an *astringent solution* of alum or tannin, and finally reduced *and compelled to keep above the sphincter muscle by the*

application of a compress and a T bandage. After each reduction the child should lie upon its abdomen for at least one hour.

In more obstinate cases the patient should be brought under the influence of an anæsthetic and the prolapsed mucous membrane touched thoroughly with fuming nitric acid, applied by means of a glass brush or a piece of wood. The parts should then be oiled or washed in some alkaline solution, so as to neutralize the effect of the acid, and reduced as before. The lower two inches of the rectum should then be packed with cotton and a T bandage applied as in the other case, over a compress.

An opiate should then be administered, sufficient to confine the bowels for two or three days, after which he gives a dose of castor oil, or some other aperient, which will bring away the cotton when it acts.

If one application of the acid does not succeed, it may be repeated at the end of ten days or two weeks.

In reducing the parts temporarily after a prolapse has occurred, a little tact is sometimes requisite. The simplest method of reduction consists in oiling the index finger and introducing its tip into the opening of the bowel, then carrying it steadily but slowly on into the interior of the gut; as a rule, the protruded mass will follow the finger, re-invert itself, and presently disappear.

In a few cases, in which the prolapse had existed long enough to become more or less strangulated by the sphincter, and swollen beyond its natural size, it will be necessary to place the child upon its back, or better upon its knees and chest, oil the parts as before, then, having covered them with a soft napkin, grasp them between the fingers and thumb of the right hand, and make steady pressure in the upward direction; failing in that, apply a bag of pounded ice for a short time, being careful not to maintain its action long enough to destroy the vitality of the parts, and repeat the same operation.

With adults the same means are to be thoroughly tried

but will more often fail, and will demand a surgical operation to their permanent relief. Two operations are commonly employed. The first consists in removing, with a knife or scissors, one or two elliptical pieces of the mucous membrane from above downward, and afterwards unite the edges of the wound with fine sutures of horse-hair or carbolyzed catgut.

In performing it care should be taken not to go deeper than the mucous membrane, as the submucous connective tissue is abundantly supplied with blood vessels from which profuse hemorrhage will take place if they are wounded.

A better method, therefore, because more often successful, is to take a small actual cautery, heated to a dull red or cherry color, and make three or four linear cauterizations from above downwards at equal distance apart along the whole of the surface of the prolapsed mucous membrane; one in front, one behind, and one at each side. It is not necessary to burn deeply, but only to make a superficial eschar. Next oil the parts and reduce them within the rectum; finally introduce a bivalve speculum, put the sphincter on the stretch and burn pretty deeply into its fibres at two points on opposite sides, then oil the parts again, apply a compress and T bandage over the anus, put the patient in bed and keep him there until the sloughs have separated and come away.

LYMPHOMA.

Dr. S. W. Gross places his patient upon a general tonic plan of treatment, of the tincture of the chloride of iron and quinia, with good diet and open air exercise. He is also given Fowler's solution, beginning with five-drop doses and regularly increasing the amount until the toxic effect, as evidenced by swelling of the eyelids and vomiting, was produced. German writers have great faith in arsenic when pushed to its limit, and particularly so in the malign

nant forms of lymphoma, but little has been accomplished with it, however, by Dr. G.

This a favorite formula :

R	Iodoformi,	3 iss. ;
	Extracti belladonnæ,	3 ij. ;
	Balsami peruviani,	3 j. ;
	Unguenti petrolei, q.s. ad.	3 ij. M. Fiat unguent.

The application of this ointment is continued, and in addition the hypodermic injection into the substance of the gland, of five minims of Fowler's solution daily, is advised.

THE TREATMENT OF FRACTURES OF THE FEMUR.

In the treatment of fractures of the femur, in the hospitals of Philadelphia, the most widely employed dressing is one which combines the principles of extension and counter-extension with lateral support. This dressing, from the ease with which the materials for its construction are obtained, from the simplicity of its application, and from the excellent results following its use, has become most popular with the surgeons of Philadelphia.

The dressing is applied as follows ; The patient is placed in a firm bed, and the injured limb is kept moderately extended. A strip of adhesive plaster two and a half to three inches in width is then cut ; it should be long enough to extend from just below the seat of fracture on one side of the limb, to a short distance below the sole of the foot, and then up to a corresponding point on the opposite side of the limb. In the middle of this strip a block of wood, perforated in the centre, two and half inches in width by three and a half inches in length, is placed ; another strip, of equal width and long enough to extend slightly above the malleoli on either side, is fastened to the inner side of the block, which may be held in position by several circular strips of adhesive plaster, forming a stirrup extending three or four inches below the sole of the foot. The block serves to spread the plaster and keep it from pressing on the malleoli, and also to furnish a point of attachment for the cord, to which the extending-weight is fastened.

The limb should be shaved if the growth of hair is abundant; the plaster is now warmed and applied to either side of the limb, circular strips of adhesive plaster two inches in width being then carried around the limb to fix the lateral straps; these strips are applied just above the malleoli, at the middle of the leg; just below the knee; and one a short distance above the knee. A roller bandage is next applied to the limb from the toes to the groin, and may be finished with a few spica-of-the-groin turns. This bandage gives fixation to the extension apparatus, and also, by its pressure, serves to control muscular spasm in the injured limb.

Lateral support is now given to the limb by two sand-bags, the outer or long sand-bag extending from the axilla to the external malleolus, the inner or short bag from the perineum to the internal malleolus. These bags are made of stout muslin, and when filled with dry sand should measure at least four inches in diameter.

A cord is then passed through the perforation in the block and fastened, and the free end is passed over a pulley attached to the foot of the bed. A weight of from five to twelve pounds is fastened to the cord, and the foot of the bed is slightly elevated to prevent the patient from sliding downwards. The weight of the patient's body in this dressing acts as the counter-extending force.

The dressing is usually kept on from four to six weeks; and when union is firm, it is removed and a plaster-of-Paris or binder's-board splint is applied to the thigh; and at the end of eight weeks the patient is allowed to leave his bed and go about on crutches. This is the dressing generally applied for fracture of the shaft and neck of the majority of the city hospitals.

Some modifications of the above dressing, though not affecting its general principles, are made by a number of the surgeons connected with the previously named institutions.

Dr. Morton, at the Pennsylvania Hospital, uses an appa-

ratus devised by himself for making extension. It consists of a soft leather splint surrounding and buckled to the limb a few inches below and above the knee, with an opening left for the patella; strips are extended from the lower portion of this splint, and are fastened to a block below the sole of the foot, to which the extending weight is attached; a band encircles the limb a short distance above the malleoli, which keeps the extension-strips in place.

Prof. Ashhurst, at the University Hospital, in cases of fracture of the shaft of the femur, uses the adhesive-plaster apparatus for making extension, but carries the extending-bands and surrounding bandage only to the knee, and makes lateral support by two wooden splints and bran-bags; the external or long splint extends from the axilla to the external malleolus, and the inner or short splint extends from the perineum to the internal malleolus; a splint cloth is placed under the limb, in which the splints are wrapped; bran-bags, corresponding in length to the splints, being then placed on either side of the limb, and the splints being brought up into position and secured by five or six bands. For fractures of the neck of the femur, he employs the ordinary sand-bags to give lateral support to the thigh.

Dr. Nancrede, at the Episcopal Hospital, also uses lateral splints, but carries the adhesive plaster beyond the knee to a point just short of the seat of fracture. Dr. Packard, at the Episcopal Hospital, in cases where extension does not overcome the deformity, applies over the seat of fracture, in addition to the usual dressing, short anterior and posterior splints of binder's-board, moulded to the thigh and held in place by a bandage.

Dr. Brinton, at St. Joseph's Hospital, in similar cases, uses binder's-board, or short wooden lateral splints, well padded and applied to the thigh, in addition to the ordinary dressing.

Prof. Agnew, at the Pennsylvania and University Hospitals, in fractures of the upper third of the femur, where there is an upward and inward projection of the lower end of

the upper fragment, uses the anterior wire splint of the late Prof. N. R. Smith, of Baltimore. In applying this splint the limb is extended, and a spiral reversed bandage applied from the toes to the groin, the splint being then applied to the anterior surface of the limb, and fastened to it by means of a second bandage; the limb is then suspended from a frame, fixed over the bed, by a cord attached to the splint.

In some cases, Prof. Agnew uses the double inclined plane in the treatment of this fracture. The limb is placed upon the inclined plane, which has been previously well padded, extension is made by broad strips of adhesive plaster fastened to the sides of the thigh and secured by a few circular straps; the extending strips reach from a point just short of the seat of fracture to the knee, and terminate in a stirrup as in the ordinary extension apparatus; a cord is attached to this stirrup, which runs over an elevated pulley, and to this cord the weight is attached. Lateral support is given by short sand-bags placed against the thigh, or by bran-bags held in position by the sides of the inclined plane, on which the thigh rests. These may be hinged like the sides of the ordinary fracture-box.

The treatment of fractures of the femur in children presents some variety of dressing, depending upon the age of the patient. At the Children's Hospital, these fractures in very young children are treated as follows: The limb is extended, and the fragments adjusted as well as possible; a bandage is then applied from the toes to the groin, a piece of binder's-board, long enough to extend from the foot to the brim of the pelvis, and wide enough to encircle the limb and part of the pelvis, is moistened in warm water, padded and moulded to the limb, and held in position by a bandage. This splint when it becomes dry, holds the parts firmly in position, and permits of the child being lifted to take the breast if necessary.

In older children, the ordinary extension apparatus is applied, and lateral support is given by splints and bran-bags, or by sand-bags, the extending-weight, of course,

being proportionally less than that required in the treatment of fractures in adults. In some hospitals, a flannel bandage is applied to the limb, and a plaster-of-Paris bandage carried up the limb from the toes to the groin, and finished with some turns about the pelvis, so as to fix the hip-joint.

Prof. Agnew, in treating these fractures in children, first etherizes the patient, and extends the limb, then applies a flannel bandage from the toes to the groin, and finishes it with some turns about the pelvis: a long wooden splint, extending from the axilla to the foot, is well padded and applied to the outer side of the limb, and secured to it by a plaster-of-Paris bandage, which is applied from the foot to the groin, and finished with some turns about the pelvis; the upper portion of the splint is fastened to the body by a few turns of a muslin bandage.

Fractures of the condyles of the femur are by most Philadelphia surgeons treated by extension and lateral support by means of sand bags, the fragment or fragments being fixed by adhesive straps or compresses; or they are treated by placing the limb in a long fracture box, extending from the foot to the upper part of the thigh, a soft pillow being first placed in the box, and after the limb is laid on this, the sides of the box being brought up and fastened by several strips of bandage, while the fragments are fixed by adhesive straps or compresses.

The application of the plaster-of-Paris bandage as a primary dressing, in the treatment of fractures of the femur in adults, has met with but little favor in the hospitals of Philadelphia.

ACUTE EPIDIDYMITIS.

With regard to the treatment of these cases of acute epididymitis, the first thing Dr. F. N. Otis does is to put the patient on his back; put him in a condition to rest the inflamed organ, just as he would rest a lame arm or inflamed

finger. And even when he is lying down he supports the scrotum, and this is most cheaply and easily done by cutting off the heel of a stocking, making a hole in either side through which to pass a string. This forms an excellent suspensory bandage and has the advantage also of being large enough to allow of applications to the scrotum. Poultices are very excellent, or hot applications of any kind, all that has been said in favor of the application of ice to the testicle to the contrary, notwithstanding. Hot applications in his experience have served a better purpose than anything else; and the hotter they are, and the more constantly they are applied, the better the results. He gets beneficial results also from the use of anodynes or narcotics. Strammonium, opium, tobacco, are all valuable applied in poultices over the inflamed epididymis. He likes tobacco better than almost anything else for this purpose. This may be used by taking a third of a ten-cent package of chewing tobacco, and mix it up with a hot poultice of ground flaxseed of sufficient size to cover the scrotum completely.

There is no better application according to his experience than this. And if the effect of the tobacco is, as is sometimes the case, to produce a little nausea, the beneficial effects upon the epididymitis will be enhanced by just so much. The old-fashioned treatment is not much in vogue now. It was rather disagreeable and heroic. It consisted in giving tartar emetic and epsom salts in combination, so as to produce a pretty free effect of both of these remedies; keeping the patient well nauseated and bowels running off with watery discharges. This used to be considered the best mode of treatment. There can be no question about the value of depressants, even of nauseants, in this condition. He remembers many years ago, when surgeon at sea, to have occasionally seen patients who came on board ship with acute epididymitis, but he would then lose track of them for three or four days, and finally when again consulted would find them almost well. During this interval

they had been suffering with sea-sickness. He has seen epididymitis improved rapidly under this treatment, if it may be so called. Thus proving the value of depressants, and nauseants in the management of this disease; it is quite possible that their use was originally suggested in this way.

Support is one of the best means of relief and cure; support from the beginning to the end of the case; and support even before the beginning of the epididymitis, during the latter stages of gonorrhœa, when it may be suspected that the inflammation is creeping back into the vicinity of the seminal ducts. Support afforded the testicle at this time may very quickly ward off an attack of epididymitis.

POTT'S DISEASE.

The recumbent posture, strictly adhered to and continued for a period long enough to permit of the gradual subsidence of the inflammation, the absorption of its purulent or cheesy products, and the development of new fibrous or bony material to consolidate and strengthen the affected vertebræ, meets all the therapeutic indications according to Dr D.H. Agnew. In young children this may be thoroughly carried out, the enforced rest only terminating with the occurrence of ankylosis, particularly if the disease be situated in the cervical or cervico-dorsal region. In the great majority of cases, however, this is hardly feasible; the natural restlessness of the child, and the absence of careful and continuous attention on the part of the parents, who see no marked external evidence of disease, usually sufficing to thwart this plan of treatment or to preclude its persistent employment. The same indications are then met by the application of a mechanical apparatus, to be worn uninterruptedly, and which permanently removes all weight from the inflamed bones.

Of all those which have been devised for this purpose, Dr. Agnew thinks two only worthy of mention, viz: the plaster-of-Paris jacket applied in the now well-known man-

ner, or a leather jacket, accurately moulded and fitted over a plaster cast taken from the patient. The latter dressing, although more expensive at first, is lighter and more durable than the plaster, and answers the purpose of support equally well. With either of them, where the disease is situated above the lumbar region, the head-suspension apparatus becomes a necessary addition to the jacket. Both of these appliances act by shifting the weight of the head and shoulders from the spine to the irregular surface of the thorax, abdomen and loins, and to the margin of the pelvis. When ankylosis has occurred, which may be known by a gradual disappearance of the symptoms, the jacket may be dispensed with, removing it at first for a few moments each day, and gradually lengthening the interval, until it is left off altogether. In conclusion, Dr. Agnew cautions all against the common and harmful assumption that in every case some mechanical support can be employed, by means of which the patient can with safety be allowed to go about. In certain cases, fortunately not very numerous, where all these dressings give rise to pain, or in which the deformity appears and increases in spite of them, they should be withdrawn, the only possible hope of arrest or cure of the disease depending then upon strict and protracted recumbency. In conjunction with any of these plans of treatment, fresh air, sunlight, nutritious food, cod-liver oil, iodide of iron, and the phosphates constitute useful hygienic and therapeutic adjuvants.

SEXUAL DEBILITY, SEXUAL EXHAUSTION, AND IMPOTENCE.

In the treatment of disorders of the genital function arising from preter-natural sensibility of the protastic urethra Dr S. W. Gross' first care is to make a thorough examination of the generative and associated organs with the view of getting rid of the causes which produce and *maintain them*. If the patient has a redundant propeuce, it *is at once removed*; if the meatus be contracted, it is

enlarged; while herpes of the prepuce and glans, or balanitis are properly treated in the usual way. All of these lesions are capable of setting up hyperæsthesia of the prostatic portion of the urethra or even of exciting reflex impotence without the intervention of prostatic trouble, and their relief is quite sufficient in mild cases to restore virility. The same statement is true of certain diseases of the rectum, so that the lower bowel should receive due attention.

In the great majority of cases it will be found that the treatment is to be directed to overcoming the hyperæsthetic prostatic urethra, which is usually complicated by stricture of the spongy portion of the canal. Hence the remedies, whether these be local or general, must be of a sedative nature; and the patient at the outset should be impressed with the importance of avoiding all sources of sexual excitement, such as coitus, masturbation, dalliance with women, and lascivious thoughts and literature. Of general remedies, the aphrodisiacs, such as cantharides, phosphorus and damiana, are harmful; while anaphrodisiacs are always indicated. Of the latter, an extended experience has convinced him that bromide of potassium is by far the best, as it not only blunts the venereal appetite, but also corrects the acidity of the urine, and exerts an anæsthetic influence on the urethral mucous membrane. He is in the habit of administering thirty grains every eight hours, unless he finds it makes the patient drowsy during the day, when he orders a drachm to be taken at bedtime. If signs of bromism appear, he reduces the dose; or if the remedy is badly borne, he usually substitutes ten drops of tincture of belladonna, and five drops each of tincture of gelsemium and Fowler's solution, three times a day, which is an admirable combination. The preparations of belladonna are particularly appropriate when the case is complicated by nocturnal emissions, and may be given in the form of the fluid extract, tincture, or juice of atropia administered hypodermically or by the mouth. When the patient is *anæmic*, he should also take tonics, of which a combination

of quinia, tincture of the chloride of iron, and tincture of nux vomica is one of the most suitable.

In addition to sedatives and tonics the bowels should be kept in a soluble condition,, particular attention being paid to the rectum. For this purpose, ordinary hydrant water may be thrown into the lower bowel every morning as it has the additional advantage of soothing the irritated prostatic urethra. If cool water enemata do not answer the purpose, and there is atony of the muscular coat of the intestines, a pill composed of two grains of the compound extract of colocynth, half a grain of the extract of nux vomica, and the tenth of a grain of extract of belladonna may be administered on going to bed; or if it be deemed desirable to act on the liver, a wineglassful of Hunyadi water, or two or three drachms of equal parts of Epsom and Rochelle salt, may be ordered every morning. Any especial dyspeptic symptoms are to be met by appropriate remedies.

The diet should be nutritious and digestible, but unstimulating. The patient must eschew coffee, malt and alcoholic liquors; and his supper should be light. He should sleep on a hard mattress, use only the lightest coverings, and empty his bladder thoroughly on retiring, and early in the morning, if an erection indicates fulness of that viscus. He is to be warned against horseback exercise and driving over rough streets and roads, and all other forms of amusement which tend to produce hyperæmia of the genitalia, as well as against mental and bodily fatigue if the signs of neurasthenia be marked. Benefit will accrue from moderately cool lotions to the dorso-lumbar region, in the form of irrigation, the douche, or the wet sponge; and syringing cool water against the perineum will be found to be of great service when prostatic discharges or pain on exercise indicate that that organ and its included urethra are too excitable.

Of the local measures to overcome chronic congestion, *inflammation, and hyperæsthesia* of the *veru montanum*, the

prostatic urethra, the ejaculatory and prostatic ducts, none other is so universally applicable as the passage of the conical steel bougie. The size of the instrument is to be gauged by that of the meatus if it be normal, or by that of the stricture if one be present, and its circumference should be gradually increased up to the full capacity of the urethra, as indicated by the urethrometer. To effect this, however, the meatus will have to be enlarged as a preliminary measure, or Dr. Gross' urethral dilator may be used, which dispenses with that operation. At first the bougie should be at once withdrawn, and the intervals between its insertion should be forty-eight hours. With the decrease of the sensibility it should be retained longer, and the intervals between its introduction be shortened. If the stricture be irritable or resilient it should be subjected to internal urethrotomy, as no progress can be made unless the contraction be a simple one.

Should the tenderness of the urethra prove refractory, resort may be had to compression combined with the local application of cold with the cooling sound or psychrophor of Winternitz, which is nothing more than a double current catheter closed at its beak. By means of these tubes a stream of water of a temperature of about 59° should be passed through the instrument for ten minutes. In many instances you will find that the inflammation and morbid sensibility will be finally reduced to a small, and probably granular, patch, which will demand astringent applications. Of these he prefers a twenty-grain solution of nitrate of silver. He charges the small syringe with the solution, attaches to its nozzle a hollow bulbous bougie or explorer, and presses upon the piston until a drop of the fluid appears at the hole in the apex of the bulb. Wiping this off, he oils the bougie, carries it down until the bulb defines the inflamed patch, withdraws it slightly, when with his finger on the piston, he deposits a few drops of the liquid in the urethra. The bladder should be emptied before making the application, and the patient should be kept in bed for some

hours subsequently, and use demulcent drinks. With these precautions the only inconvenience to which he will be subjected will be some scalding during the next act of micturition. The application need not be made oftener than once a week. In the absence of this contrivance, you may employ the catheter-syringe, the instrument provided with a concealed sponge, or the *porte caustique* of Professor Gross, the cup of which is charged with the nitrate rubbed up with stramonium ointment. When the affection proves more obstinate, as it is liable to do when it is chronic, and complicated by prostatorrhœa in mature subjects, flying blisters, made by penciling cantharidal collodion on each of the perineal raphé, are of the utmost service.

Up to this point it will be observed that the treatment, both general and local, has been addressed to relieving the inflammation and hyperæsthesia of the deep urethra. When this has been accomplished, nothing more, as a rule, is required; but cases occur in which, after the local lesions have been cured, the erections are still not sufficiently vigorous and the ejaculations are premature. The object now is to restore the sexual powers by the internal exhibition of iron, quinia, strychnia, phosphorus, ergot, and tincture of cautharides, alone or variously combined; by cool hip baths and cool applications to the dorso-lumbar region.

THE TREATMENT OF COMPOUND FRACTURES OF THE HUMERUS

In this variety of fracture, where the external wound is small, it is sealed with lint, soaked in compound tincture of benzoin, or carbolic oil; where it is more serious, it is thoroughly washed out with a solution of carbolic acid and done up in a "Lister dressing," carbolized cotton batting dressing, "Phenyl dressing," or constant irrigation with a carbolic solution is used. The above treatment is the one used in all compound fractures in Boston Hospitals, whether of the upper or lower extremity.

In cases where the external wound is but slight, splints similar to those used in simple fractures are applied at once. Where the wound is more extensive, the arm, done up in one of the dressings mentioned above, is in many cases placed in a tin tray, or tray made of gauze and plaster, and packed around with oakum, or carbolic gauze ; and the wound is kept as far as possible in an antiseptic condition. As soon as the condition of the wound is such as to allow of more active treatment, splints of various shapes, which will as far as possible admit of the wound being dressed without necessitating their removal, are applied.

TREATMENT OF SIMPLE FRACTURES OF THE HUMERUS.

Simple fractures of the humerus, in its upper third, are treated by Dr. Cheever by means of a shoulder-cap, made either of wire, gutta-percha, felt, or two layers of rather coarse gauze, with plaster well rubbed into it. This is moulded to fit the shoulder, a pad is placed in the axilla, coaptation splints are applied to the inside, back and front of the arm, and the wrist is placed in a sling.

Simple fractures of the middle third are treated by a shoulder-cap extending well down towards the elbow, coaptation splints and a sling for the wrist. Sometimes, in addition to the above, an internal angular splint is applied to the elbow.

Simple fractures of the lower third are put up on an internal angular splint ; and this splint is also used for all fractures about the elbow, whether above, through or below the joint, except those of the olecranon.

Dr. Ingalls, of the Boston City Hospital, is of the opinion that, in many cases of fracture of the humerus near the elbow joint, the best treatment is to make traction with the arm extended, instead of being flexed around an internal angular splint ; and he intends to treat these fractures in the above manner, and to pay particular attention to the use of passive motion as early as possible.

In cases where there is shortening, which cannot be controlled by the ordinary appliances, extension by a weight attached to the lower fragment, and counter-extension by means of elastic bands attached to the upper, passed across the body and fastened to the bed, is often employed.

In fractures high up, where there is displacement forwards, the side of the thorax may be used as a splint by placing a small pad in the axilla, coaptation splints around the arm, and over these a firm, well starched Velpeau bandage. In this manner all leverage upon the lower fragments by the movements of the forearms is avoided. Instead of the Velpeau, a many-tailed bandage, the ends of which pass round to the opposite side of the body and are there tied, may be used.

THE TREATMENT OF FRESH FRACTURES.

In general, it may be said that plaster or other immovable dressings are almost never used in the treatment of *fresh* fractures in the Boston hospitals. Stiff bandages of either plaster, silicate of potash, starch and glue, or dextrine, are, however, applied in a large majority of cases later on in the treatment, when the union of the fragments has become somewhat firm, and the swelling has subsided. Ether is given when reducing fractures of the thigh, and in other cases where there is difficulty in overcoming the displacement of the fragments, or in making an accurate diagnosis.


THE TREATMENT OF COMPOUND FRACTURES.

Dr. J. L. Little believes that his success in the treatment of compound fractures during the last twenty years has been due especially to the use of a fixed apparatus, so that the limb can be dressed at any time without disturbing the fragments. That method of treatment he learned in the New York Hospital. Before he introduced the plaster of *Paris* dressing, the ordinary method of treating compound

fractures was by the use of the fracture-box with bran, which permitted the fragments to move upon each other every time the limb was removed from the box for the purpose of renewing the dressings. After the introduction of plaster-of-Paris, he treated a large number of cases by the use of the posterior plaster-of-Paris splint, which left the anterior portion of the limb uncovered, a piece being cut out so as to expose the wound, and then the limb was placed in the fracture box. To prevent pus from running between the splint and the limb he applied a piece of oiled silk, which was made to adhere to the limb by the application of collodion, and made a little trough through which the pus could flow, and not enter the fracture box. Under such treatment the limbs did better than under the old plan of treatment, by use of only the fracture box and bran. During the last few years he has added to that mode of treatment the antiseptic method, and under the combined treatment his cases of fractures have uniformly done well. He retains the limb in the fracture-box not more than a week or ten days, if the case does well, when it is removed, and a new plaster splint and bandage is applied, and the patient is allowed to sit up and support the limb upon a chair. He has uniformly used Lister's dressing up to about six weeks ago, when he had a case of compound fracture of the leg, in which the tibia protruded through the clothes so as to be seen upon the outside. In that case, after reducing the fragments, he injected the wound with a solution of carbolic acid one to fifty, then covered it with borated cotton saturated with the same, and over the whole he placed ordinary cotton and secured it with a bandage. The limb was then tied up in a pillow, and a straight splint applied upon either side of the pillow, and it remained in this temporary dressing for four days, during which time there was no rise of temperature, and no discharge appeared through the dressings. He then removed the dressings and applied a plaster-of-Paris splint; dressed the wound again with borated cotton and carbolic acid, which has been con

tinued up to the present time, and there have been no bad symptoms whatever, except at the end of fourteen days, when some displacement took place accidentally, and there was slight inflammation about the wound. There was, however, no rise of temperature and no chill, and the patient, who was a man sixty years of age, at the present time is doing well.

Dr. Lange thinks it especially important in cases of compound fracture to consider whether or not the wound is already infected. If the wound is perfectly fresh and without infection, antiseptic dressing may be applied simply to prevent infection, but if infection is already present, then the application of an antiseptic dressing alone cannot prevent inflammation. In the latter class, disinfection of the wound should first be made, and each case must be treated according to its special features. He thinks it is according to common experience in compound fractures that large, open, external wounds are not so dangerous as those of moderate or small size, with external injury to the soft part and the bone inside. Therefore it is important to decide, with reference to every surgical wound or injury, how extensive has been the injury to the bone or the soft parts, whether a great deal of tension and swelling are to be expected, and how profuse the discharge will probably be, and if the circumstances are such that a profuse discharge is to be expected, or such loss of vitality in the parts as is favorable to the development of inflammation or decomposition, as free exit for it as possible must be maintained. With a view to prevent inflammation in a case of compound fracture, or if inflammation is present to counteract it, immobilization must above all other things be observed. It must, however, be kept in mind, that through immobilization we prevent inflammation in so far only as we avoid that condition of tissues in which they represent a more favorable soil to the development of inflammation. Inflammation in compound fractures in most cases is infection *from without*.



CHEAP WATER BEDS.

Dr. Morton mentions the use at the Pennsylvania Hospital for the Insane of water-beds, made by stretching a piece of gum cloth over a shallow trough. Drs. Levis and Mears also speak of the cheapness and advantages of this substitute for rubber mattresses filled with water, which they have seen used in other cities.

FISSURE OF THE ANUS.

In the treatment of a painful fissure the patient is anæsthetized by Dr. J. Williston Wright, after clearing out the bowels with a large enema. Then a bi-valve, a tri-valve, or a Sims' speculum is introduced and the sore thoroughly exposed. A straight blunt-pointed bistoury is next introduced into the bottom of the fissure and made to divide all the fibres of the extreme sphincter muscle, or a curved sharp-pointed bistoury is passed underneath the ulcer and the cut made from beneath towards the bowels, so as to prevent for a few days all spasmodic action. Cutaneous excrescences are removed at the same time by scissors.

Another favorite method consists in forcibly stretching the sphincter muscle, so as to paralyze its power of contraction for the time being. The operation is performed in this way: The patient is anæsthetized and placed upon his back; the two thumbs of the operator, placed back to back, are introduced into the rectum; the remaining four fingers of each hand are spread out so as to grasp the buttocks; the thumbs are then separated until their palmer surfaces come in contact with the tuber ischii of each side.

Dr. Wright cures many cases by the process of stretching by the thumbs; and it is only necessary to remember that in either case the operation must be done so thoroughly as to prevent for a few days the spasm of the sphincter muscles. In a limited number of cases also he cures patients, *especially among children*, by the use of stimulating appli-

cations to the sore, such as a solution of nitrate of silver, ℥ ij. to ℥ j., the use of laxatives, and attention to cleanliness.

His treatment after an operation consists in confining the patient to the bed or lounge for two or three days ; locking the bowels by the use of an opiate suppository, or the injection of a few drops of laudanum. At the end of that time a laxative is given, and the patient will be astonished at the comparatively slight amount of pain suffered when the bowels move.

THE SURGICAL USES OF WIRE-CLOTH.

Wire-cloth is made of thread. Wire-cloth suitable for surgical uses is made of wire from one twentieth to one-tenth of an inch in diameter ; the meshes are from three-tenths to five-tenths of an inch square, or the length of the mesh may be greater than the width. After the cloth is cleansed with acid, it is put into melted zinc, which covers the wires and fastens them quite firmly together where they cross each other, making a firm and strong structure.

About the year 1870 Dr. J. S. Wight began to put wire-cloth to surgical uses. Since that time he has used wire-cloth quite constantly, and has noted that other surgeons have used it. And the more he uses it the more valuable it seems to be to meet certain indications, to be mentioned as we go on. The use of wire cloth in surgery is not new ; but the kind of wire-cloth described is somewhat new as employed in surgery, and as far as Dr. Wight knows, was first introduced to the profession by himself.

In the first place, wire-cloth can be cut into any desired shape by a pair of shears for cutting tin. The separate wires may be cut out by a pair of so called French pliers. The pieces of wire-cloth may be bent into any required form by the hands of the surgeon ; and, when bent, it will generally have enough firmness and resistance to keep its *form under ordinary circumstances.*

Wire-cloth is very light—having the same extent of surface, it is lighter than wood, tin, zinc, or binder's board, used for splints. Dr. Wight verified this statement by experiment.

Wire-cloth is porous, or, rather, it is full of holes, and ventilates the part to which it is applied better than any other splint material. It is very desirable where irrigation is needed; and it does not absorb moisture. At any time it can be removed, disinfected, and reapplied with facility. These are very superior advantages.

Wire-cloth generally has sufficient firmness to keep reduced bony fragments in place; but if need be, it may be fastened to light strips of wood by small staples, in order to make it firmer.

Strips of wire cloth may be used to strengthen plaster-of-Paris, when used for the spinal jacket, or for fractures, simple or compound. An admirable use of wire-cloth is in fenestrating a plaster-of-Paris splint in a case of compound fracture; for it enables the surgeon to make a light and firm splint; having the firmness about the fenestrum, into which a piece of oakum can be put, making gentle pressure on the soft parts. Dr. W. can recommend a splint in which plaster-of-Paris and wire-cloth are combined.

Wire cloth may be hinged on a board splint, with very great ease, for treating a severe wound on the fore arm—especially when there has been a compound fracture of one or both bones. This is an excellent appliance for keeping bony fragments in place, and for holding oakum, which acts both as a pad for the splint and as an absorbing material for the waste products of the wound. The wire-cloth can swing as a door on its hinges, permitting the wound to be dressed, while leaving the fore-arm on the board splint, and can then readily swing back into place. In the mean time the bony fragments need not be disturbed. He can testify to the great advantages of this application by its use in the treatment of several cases of severe injury to the fore-arm.

Wire-cloth may be made into buckles of various sizes by cutting one part of the wire of some of the meshes and leaving the rest of the wire for tongues, which, cut obliquely, can penetrate a bandage and fasten it evenly and firmly around retentive splints. The bandage can be made loose or tight, as the case requires. These buckles are inexpensive, and prevent the objectionable results coming from knots tied in bandages.

A retentive buckle, to be applied to the top of the head, in case of fracture of the lower jaw, may be made of wire-cloth.

STRICTURE OF THE RECTUM.

In beginning of the treatment, if the stricture is ulcerated and irritable, Dr. J. W. Wright thinks it well to touch the ulcers once a day, for a few days, with a solution of nitrate of silver (10 to 20 grains to the ounce of water); at the same time a suppository of opium, belladonna and cocoa butter is introduced by him at night. He then commences the use of the bougies, taking one of small size at first and gradually increasing the size at each operation until the bowel has been expanded to the normal size. The utmost gentleness and no small amount of skill are sometimes required in conducting such an operation without really doing more harm than good. After the bougie has passed the stricture it should be left in position for a few moments.

In cases of very narrow, short stricture which are not irritable, he sometimes begins the dilatation by the introduction of a small sponge tent, or, better, one composed of sea-tangle, leaving it in position for from six to ten hours, and following it with one of larger size, or by the use of a bougie. The tent is lubricated with soap to facilitate its introduction. If the stricture is large enough he sometimes introduces the smallest size Barnes' dilator, the same as *that used for dilating the cervix uteri*, fills it with warm

water or air, and leaves it in position for one or two hours, following it with a larger size or with the bougies.

Where the stricture is of the annular variety it is very difficult to accomplish anything by simple dilation; the edges of such a stricture will probably require to be nicked at three or four points with a probe-pointed bistoury or hernia-knife, guided in on the finger, after which the bougie will probably succeed. The knife should be laid flat upon the finger, slipped under the stricture and its edge then turned against it, when by a slight see-sawing motion the fibres will yield to the requisite extent, and no risk is run of cutting too deeply.

In the treatment of strictures apparently depending upon constitutional syphilis, where the rectum is obstructed by the presence of a deposit resembling that of a gummy tumor, the patient should first be etherized, then the surgeon should introduce two fingers of his right hand into the rectum, and proceed to break down the soft, friable material of which the stricture is composed. Bougies of suitable sizes should then be used at intervals of a few days, the parts kept clean by injecting weak carbolized water several times daily, to be followed each time by a small quantity of common black wash or weak solution of nitrate of silver. The patient, at the same time, should be carefully brought under the effect of mercury and iodide of potassium, while the general health is maintained by the use of liberal diet and tonics, such as iron, quinine and cod-liver oil.

If there is reason to suppose that ulceration of the bowel exists above the strictured point, nitrate of silver in solution or other stimulating fluid can be applied by introducing a small, flexible male catheter through the stricture and injecting the substance by means of a syringe attached to its outer end.

MEDICAL AND SURGICAL DISEASES OF WOMEN.

OVARIOTOMY.

Dr. Goodell teaches that the following articles are needed for the operation of ovariectomy :

One yard of adhesive plaster, full width.

Two rolls of raw cotton.

Two yards and half of fine white flannel, for two binders.

Six one-grain suppositories of extract of opium.

Two pounds of ether, together with a clean towel without a fringe, and a newspaper, with which to make an ether-cone.

Twelve ounces of liquid carbolic acid, (Calvert's No. 4 is the best).

Two ounces of Monsel's Solution of Iron.

Twelve ounces of undiluted alcohol, for the spray lamp.

Six ounces of olive oil.

Some brandy, with cup, spoon and sugar.

A pin-cushion with large pins.

A nail-brush.

A chair without a back.

One kitchen-table, or a breakfast-table.

One small table for instruments.

One small stand for the spray-producer.

Two new tin basins, and one tin cup.

Two empty pitchers for solutions of carbolic acid.

A bucket of cold water, and a pitcher of hot water.

A small tub, and an empty bucket.

A kettle of boiling water ready on the range.

Two large platters, or meat dishes ; to be used as trays for instruments.*

* These platters are usually too shallow to hold a solution of carbolic acid deep enough to cover the bulkier instruments. It would, therefore, be well to have a tin tray made especially for the purpose, measuring nineteen inches long, twelve wide, and four deep.

Six bottles filled with hot water and tightly corked.

One kitchen apron for the operator.

One thick blanket for patient's lower extremities.

Clean towels, clean sheets, clean blankets, clean comforters and clean pillows.

All of the above articles should be in the room in which the operation is to take place.

Early in the morning of the day preceding that of the operation, the patient should take an aperient, and afterwards eat sparingly of digestive food. The pubic hair must next be cut off, and the abdomen, if hairy, shaved. In the evening she should take a warm soap bath, and be washed perfectly clean by her nurse, who should be an experienced woman and able to pass the catheter. She should then put on clean night-clothing and go to bed. At bed time she should slip one of the opium suppositories into her rectum and take ten grains of quinia at one dose.

The next morning another ten-grain dose of quinia is given. To avoid ether-vomiting, her breakfast should consist merely of toast and tea, or of a cup of beef tea, or of a goblet of milk, and, thereafter, she must eat nothing more. She must not get up, but stay in bed until the hour fixed upon for the operation, when she should put on a flannel sacque, warm stockings and drawers. The bedstead on which the patient is to lie after the operation, should be a narrow single one, otherwise the nurse will find it difficult to wait on her.

The room in which the operation is to take place ought to be a separate one, so that the woman may be etherized in her sleeping room, and not be unnerved by witnessing the needful preparations. Several days beforehand the carpet of this operating room should be taken up and the curtains taken down, and neither should be replaced. The closets and bureau drawers should be emptied, and the whole room thoroughly cleansed and ventilated. Early in the morning of the day fixed upon for the operation this room must be heated up to 76°, and the air disinfected and

made moist by a solution of carbolic acid kept boiling in a dish on the stove.

Not more than five assistants will be needed, and bearing in mind that the most common cause of danger in this operation is septicæmia, let them all put on clean clothing, and also avoid seeing on that morning any case of zymotic or contagious disease.

The treatment after the operation needs careful attention. The patient must be perfectly quiet, and free from all intrusion. For the vomiting, which is partly from the ether and partly from the shock, chloral may be given or lumps of ice may be swallowed. Sips of very hot water, or a tablespoonful every hour of a mixture containing equal parts of lime-water and cinnamon-water, are also good remedies. A hypodermic of morphia will often allay it; so also will minute doses of atropia. Dr. Goodell has seen it yield to hourly doses of five grains of bismuth, one drop of dilute hydrocyanic acid, and three drops of wine of ipecacuanha, rubbed up with equal parts of water and of syrup of acacia. Flatus is another very annoying symptom, which, however, can very generally be dispersed by turning the patient on her side and inserting a flexible catheter as high as possible up the rectum. If this fails to relieve it, enemata of turpentine may be tried. When the abdomen is painfully distended, the binder may be loosened, and the adhesive straps nicked in several places.

For the first thirty-six to forty-eight hours after the operation, *nothing whatever* should be given to the patient, excepting cracked ice, and an occasional teaspoonful of old brandy. After that, tablespoonful doses of milk, of beef-tea, or of barley-water can be given from every two to four hours. The diet may then be cautiously increased, and especially if wind begins to escape from the rectum. For a week the urine should be drawn off by the nurse, and the bowels kept bound by a morning and an evening opium suppository. She must then take an enema, or some mild aperient, and thereafter may herself pass her water. With

the exception of the morning and the evening suppository, no other anodyne need be given unless called for by pain, wakefulness or restlessness. Should the body-heat indicate a temperature of 100° or over, a bladder filled with ice should be kept on the head of the patient as long as it does not chill her, and it feels comfortable. Peritonitis must be treated by a bladder of ice to the pit of the stomach in addition to the one on the head, and by large doses of quinia and morphia.

The dressing being antiseptic need not generally be removed until a week or until nine days have passed. Every other stitch may then be removed, and the wound washed with a five per cent. solution of carbolic acid, and dressed with any bland ointment. Three or four days later all the stitches should be removed, and the wound covered with short and narrow strips of adhesive plaster. For fear of a weak cicatrix and the formation of a hernia at the site of the wound, the patient should not get out of bed until fully three weeks have passed, and should, for as many months more, wear some kind of gored binder or abdominal supporter.

THE THIRD STAGE OF ABORTION.

Dr. Parvin, says that, in a case of incomplete abortion with hæmorrhage which by its persistence brings danger to the patient, or commencing offensive discharge that heralds a possible septicæmia, interference is imperative, and must be immediate. The patient should lie on her back, on a hard bed, her hips be brought to the edge, lower limbs strongly flexed, Negenbauer's speculum should be introduced, and the os brought fairly in view. The anterior lip must be caught with a simple tenaculum, or better, with Nott's tenaculum-forceps, and then if there be any flexion—and it is not uncommon in cases of spontaneous abortion to observe this—gentle traction should be used to straighten the bent canal. The closed blades of a pair of curved *polypus forceps* of suitable size, or better still, Emmet's *curette*.

forceps, are introduced into the uterine cavity, and opened slightly, then closed and withdrawn, when the fragments of membranes can be removed and the instrument reintroduced. This is repeated three or four times, if necessary, until all membranes or placental fragments are extracted. Then by means of an applicator wrapped with cotton wool, the uterus is swabbed out twice, or oftener, with Churchill's tincture of iodine—one of the best of local uterine hæmostatics, if not one of the best of antiseptics. Finally, the patient should have ten or fifteen grains of quinia, and it will be very rarely, indeed, that her convalescence is not prompt and perfect.

SPONGE TENTS.

Dr. Albert H. Smith, now employs a cylindrical piece of sponge, which is saturated with water only, and, without any stylet, is wound with a piece of fishing line, to which a six-pound weight is attached; this compresses it thoroughly and its form is easily given by the fingers during the process of rolling. The surface is made as smooth as possible by means of sand paper.

The tent used is of uniform size from end to end. If it is conical the tent is introduced as far as possible, but only the small part, without much dilating power, enters the internal os, and it is not unfrequently withdrawn unexpanded, while the external os and the cavity of the cervix is widely dilated. The sponge selected must be strong and fine. He has seen tents made from coarse rotten material, which break during the extraction, leaving portions within the cavity of uterus.

The introduction of medicating materials into an internal cavity of the tent is objectionable, as they usually corrode the sponge; and the space and loose winding necessary to allow the removal of the stylet, reduce materially the dilating power. The curved shape is useless, as the uterus can *be straightened* before the insertion of the tent, and less *force is needed* for the insertion of a straight one.

To prepare the uterus for the introduction of a tent: First use a dilator of soft metal or a graduated wax bougie to straighten the cervix and measure the length and calibre of the uterine cavity, noting tortuosities, etc., then rapidly introduce the largest tent possible, having first coated it with an enameled material, as soap, and immersed it in a base of salicylic acid in fine powder, which is to be rubbed in thoroughly to form an antiseptic paste over the tent.

A sponge tent thus prepared may be allowed to remain in situ for forty-eight hours without developing any unpleasant odor, unless there is breaking down tissue which may overpower the disinfecting powers of the acid.

For ease in inserting he has had constructed a peculiar powerful forceps to hold the tent clamped tightly and enable the operator to pass it rapidly to its position. Hot water injections after the tent is in position will expand the sponge rapidly and fix it in about a minute. If pain follows the insertion it can be controlled by opium suppositories.

If the tent is removed at the end of twenty-four hours it will cause hemorrhage, because the spongioles have buried themselves into the cervical tissues, which grasp it tightly, and a forcible extraction will drag away portions of the uterine tissue, and leave a raw and absorbing surface. But at the end of forty-eight hours the tent comes away easily without any bleeding. The contractile power of the uterus still remains at the end of twenty-four hours, and the presence of a finger or application in the cavity of the uterus causes rapid contraction. At the end of forty-eight hours the uterus is paralyzed, all pain has ceased, and local irritability is less. When the tent is removed, wash out the cavity of the uterus with tepid, salicylated water, and if necessary introduce a second tent.

TREATMENT OF CHRONIC OVARITIS.

Dr. P. F. Mundé's treatment is almost entirely local. A

blister is applied once or twice a month over the ovarian region, alternated in the intervals with tincture of iodine; the vagina is then packed full of cotton soaked in glycerine; injections of hot water are used with the addition of a little glycerine twice a day, a gallon each time, the patient being in a recumbent position, with the hips elevated, in order that the water may stay in as long as possible.

This is continued for weeks and months. Internal treatment consists chiefly of the administration of tonics. There are two or three ovarian sedatives; the bromides may be given either in combination with sodium or potassium. The size of the ovary may be reduced by giving the patient morphine or bichloride of mercury $\frac{1}{24}$ of gr. 2 or 3 times daily, combined with the muriate of ammonia in five-grain doses. The chloride of gold and sodium in doses of $\frac{1}{20}$ to $\frac{1}{4}$ grain, 3 times a day in a pill, may also be given with advantage.

LACERATION OF THE CERVIX.

Dr. Goodell reports one hundred and thirteen cases. Of these ninety-nine were bilateral lacerations. Three were on the right side alone; eight on the left, and three were stellate, involving three sides or more. The reason why the great number of bilateral lacerations appears is, when one side alone is torn, the sound side acts as a splint, so that the lips are not liable to spread apart and cause ectropion to a pathological degree. Therefore, as a rule, they do not need an operation. The number of cases in which forceps were used he has not noted, but he has found that where the tear is an unusually bad one the perineum has also been torn, and the labor has been instrumental. Thirty-five of these operations were made in the amphitheatre or private operating rooms of the Hospital of the University of Pennsylvania. Of these, two had serious attacks of perimetritis and parametritis, and two had *lighter attacks*, all due to hospitalism. One of these patients had two abscesses in the leg, which delayed the con-

valescence. The patient lying next to her in the ward broke out with erysipelas on the day of the operation. In the other bad case an explosion of erysipelas took place on the face and trunk. Union in all the cases was perfect, because the stitches were not removed on the outbreak of the inflammation, but were allowed to remain longer than usual. The only antiseptics employed were a 25 per cent. solution of carbolic acid for the sponge and a vaginal injection of the same solution repeated twice daily.

Secondary hæmorrhage occurred in only one case. This immunity he attributes to his plan of passing in the stitches very deeply. He controls hæmorrhage during the operation by passing a wire under the bleeding vessels, using it afterwards as a suture. In the opinion of Dr. Goodell, the cervix should always be restored whenever ectropion of the mucosa takes place, and whenever the glands of Naboth become enlarged. Indeed, the visible presence of these glands around the os externum is a very good proof, though not infallible one, of cervical laceration. Another indication for the operation is an hereditary tendency to malignant disease. There is no question, in the author's opinion, that a cancer of the cervix starts from the constantly fretted and chafed raw surface of a laceration. This is proven by the fact that a virgin or sterile woman very rarely has cancer. On the other hand, the more children the greater the liability to cancer. Again, the fissure of an old rent is often found in a cervix attacked by malignant disease.

A third indication for the repair of the cervix is the existence of stubborn and subacute periuterine inflammations. This statement is contrary to the teachings of Emmet. Every physician has seen cases of bad cervical laceration, complicated with tender and thickened broad-ligaments, or with more or less fixation of the womb. Usually each menstrual period rekindles the dying embers of the inflammation, and the monthly exacerbations undo the good gained by the intermenstrual treatment. In these cases there is plainly a relation of cause and effect between

the lower lesion of the cervix and the upper pelvic lesions. The cervical wound produced in the first place the phlegmon of the broad-ligament and the monthly over-engorgement of the womb, caused by the afflux of blood to the cervical sore, brings about a pathological turgescence of the vascular appendages of the womb. Hence the persistence of the ovaritis or of the periuterine inflammations. He first cures the chafed and angry cervical sore—the *fons et origo mali*—and lessens the monthly afflux of blood, and consequently the monthly exacerbations of the upper pelvic lesions.

Another occasional indication for the operation is the presence of dense cicatricial tissue in the angles of the fissure, always provided that various pelvic neuralgiæ and distant nervous perturbations can be satisfactorily traced to the cervical injury. Sometimes this can be proved by the tenderness of the cicatrix, coitus or the pressure of the sound on some point eliciting radiating pains. Oftener the relation must be inferred, either from the monthly exacerbations, or from the exclusion of other causes. The diagnosis is not always easy, and Dr. Goodel is sure that he has here made mistakes—that is, he has removed wedges of cicatricial tissue without restoring his patient to health. From his observations he is disposed to believe that the painful influence on the system of hard and gristly tissue left after some cervical tears, has been overrated. He is willing to concede that sterility is sometimes owing to it, as it clearly was in one of his patients who became pregnant immediately after the operation. He is also ready to grant that reflex pains and visceral disorders may come from it. But he is inclined to look upon these results as exceptional.

Of the beneficial results of the operation of trachelorrhaphy he admits that he is not so sanguine as at first. The broad rule may be laid down that, where marked ectropion exists, associated with enlarged Nabothian glands, with *leucorrhœa* and *menorrhagia*, the issue of the operation

will be a happy one. In such cases he has had capital results. When, however, he has operated on a tear without ectropion, or merely on account of cicatricial tissues in the angles of the fissure, he has met with disappointments.

His mode of operating is first to coaptate the parts by two tenacula, and to determine with the sound the proper site for the new os externum. At the very centre of this site the two lips of the fissure are transfixed by a powerful needle armed with a stout silver wire about two feet long. The ends of this wire being twisted together form a long loop which puts the womb under perfect control. By it the womb is gently drawn down and put within operative reach. By hooking up with a tenaculum that portion of the wire running across the fissure, viz, its middle, the loop is doubled at the expense of its length, and by separating the two loops the lips of the fissure are drawn apart. The denudation he then prefers to make with a knife, trying always to remove all the cicatricial tissue, and in one piece if possible. After the denudation the wire is again converted into a single loop, by releasing the middle portion and drawing it back. This brings the lips together with mathematical precision, and shows whether any further trimming is needed. He always shots my sutures, and generally also the guiding suture. To facilitate the drawing down of the cervix and the removal of the stitches, he leaves uncut the ends of this wire and those of the highest suture on either side. He tries to operate at a time when the catamenia will not be reproduced or accelerated. But in spite of this caution he has often had the menstrual flow occur a few days after the operation; yet such a misadventure has not interfered with the prompt and perfect union of the parts. On several occasions he has, at the same operation, curetted the womb for those vegetations which are likely to be found on the endometrium in cases of old cervical tears. But while this is a great saving of time and pain, and has not thus far been followed by bad results, he deems it too unsafe to be generally resorted to

TREATMENT OF WOUNDS IN GYNECOLOGY.

While much progress has been made in the management of wounds of the female sexual organs, especially in late years, it remains a question whether this branch of surgery has attained that degree of perfection which distinguishes some other departments of our science and art. It is even doubtful if wounds of the pelvic organ can ever be treated with a like facility and success as the same conditions elsewhere located.

The reason of this is, that owing to the position of the wound in question, it is difficult to fully employ antiseptic surgery in their treatment. Much has been accomplished in this respect, it is true, but there are difficulties in the way of employing all the means of modern surgery in the practice of gynecology.

Success in treating wounds of the sexual organs of women depends to some extent upon our ability to employ the means now considered necessary to the healing of wounds in general.

The following may be given as the conditions necessary for the healing of the wounds in question.

A condition of the wounded tissues and of the general system favorable to the repair of injuries :

Perfect coaptation and retention of the parts to be united, and protection of the parts from extrinsic and offending agents during and after coaptation. The management of wounds is not a matter of blind chance. The process of repair in living tissues is governed by definite laws which are always the same under identical circumstances. To obtain the conditions necessary to the fulfilment of these laws is often difficult and sometimes impossible ; still, the nearer we come to all the requirements, the more surely will the desired ends be accomplished.

First, good general health may be found wanting in many ways and degrees, as preoccupation of the system by some *highly taxing function*, like lactation for example, and *certain deranged states of the nervous system*.

These certainly have an important bearing upon the healing of wounds. In fact, there is good reason for believing that enfeebled states of the nervous system have much to do with retarding the healing of wounds, even where the general nutrition appears to be normal. Regarding the unfavorable conditions of the tissues generally met with, the following are the most important: First contusions accompanying wounds caused by parturition.

Lacerated wounds of the pelvic organs often heal promptly if well coaptated immediately after they occur, but no such union should be expected in case the tissues are greatly contused. While this is true of the immediate treatment of wounds sustained during labor, it is pretty definitely settled that operation wounds made during the process of involution, that is, within four or six months after confinement, often fail to unite. From this we learn that while tissues are undergoing involution they are not in the best condition to heal; and also that when involution is delayed beyond the usual time, treatment should be employed to complete the process before undertaking plastic operations.

Scrupulous care is also required in preparing the tissues by making clean, accurate incisions which will give smooth surfaces to the parts to be united. Old scar tissue should also be excluded from all wounds where union by first intention is desired.

The management of bleeding vessels in these operation wounds is of great importance. All hæmorrhage should be arrested before bringing the parts together, because a slight oozing, which would do no harm in a wound to be treated by open dressing, may prevent union in wounds in which drainage should not be employed, or at least should not necessarily be required.

The means used to arrest hæmorrhage should be such as will not interfere with the process of healing. Hitherto they have been torsion of the large vessels, and for minor bleedings the use of ice or cold water. More recent expe

rience has pointed out objections to these means. Chilling the tissues by cold is injurious. It has fortunately been found that hot water is more efficient in controlling hæmorrhage, and its effects upon the tissues not unfavorable, hence its use as a styptic in these operation wounds is strongly commended. Torsion is also objectionable, because it is less certain to control bleeding than the ligature, and quite as liable to give rise to suppuration. In view of this fact, it may be said, without doubt, that the antiseptic ligature is the best means of controlling the vessels in these wounds. Regarding the material to be used as a ligature, it may be said that that which can be enclosed in the wound without giving subsequent trouble, is the thing required. Some recent experience indicates that Japanese ligature, made of whale sinew, is the best, owing to its being absorbed with great facility.

The coaptation of the tissues by means of sutures requires more than a passing notice.

To day we know that it matters little whether silver wire or well-prepared silk sutures are used, provided they are properly introduced. The parts to be united should be brought together and held there without any straining upon the sutures. It is equally important to introduce the sutures so that they will prevent the incurving of the undenuded edges of the parts to be united, and finally, a sufficient number of sutures should be employed to secure uniform retaining pressure at all parts of the wound.

The management of these wounds during the healing process differs somewhat from the modern treatment of wounds in general.

Great harm is often done by the douches of carbolic acid and water, in washing away the exudate, which is the natural means of protecting wounds, and is therefore an important factor in the healing process. On this account the use of the douche is especially objectionable during the first forty-eight hours after an operation.

In treating operation wounds of the cervix uteri, an

antiseptic dressing can be used in the form of a tampon of borated cotton or marine lint, the latter being preferable, perhaps. By this means the uterus is supported and undue tension upon the sutures, from the movements of the patient in bed, or more especially in vomiting after the anæsthetic, is thereby prevented. More than that, the serum which oozes from the wound is promptly absorbed by the tampon and is disinfected, and the parts are protected from the acid secretions of the vagina. The tampon, applied immediately after the operation, may be left in place forty-eight hours, and then if the parts are healing well no further treatment is necessary. If, however, there is undue inflammatory action and signs of commencing suppuration, the tampon should be reapplied and changed every twenty-four hours until the recovery is completed.

In treating wounds of the perinæum, there are many perplexing difficulties in the way of obtaining a proper antiseptic dressing.

In all operations for repairing old injuries of the perinæum, it is better to *first cure* all uterine and vaginal diseases which gives rise to abnormal discharges. This, of course, cannot be accomplished in the treatment of lacerations immediately after confinement. Then it becomes a very important question how to protect the perinæal wound from the lochia. Various means have been suggested, such as coating the vaginal surface of the wound with collodion, placing carbolized lint or borated cotton upon the inner portion of the wound, and, the most common of all, the frequent use of vaginal injections. It is hardly possible to say, at the present time, which is best. The collodion has not been tried often enough to speak positively regarding it. In using the lint or cotton, there is danger of separating the edges of the wound, the very thing of all others to be avoided.

Perhaps the best treatment is to let the wound alone for about two days, trusting that during that time it may become sufficiently protected, by a coating of fresh blood

and lymph, to resist the subsequent discharges. After the lochia begins to decompose, the frequent use of the vaginal douche is advisable, and should be continued until the union is completed.

In the operation for restoring the perinæum, the vaginal portion of the wound may generally be left alone. It is protected from the air by the anterior vaginal wall, which makes a suitable dressing, providing the uterus and vagina are in a normal condition, as they should be, before the operation is made. If suppuration takes place and pus is discharged into the vagina, it should be disposed of by injections. The outer portion of the wound may also be left without dressing, but it is better to apply lint and cotton upon each side of the sutures; if silver wire is used, or if silk is employed, the lint can be placed over the wound, and retained in place by keeping the limbs together. The advantage of this kind of dressing is that it absorbs any discharge that there may be.

Perhaps the most important point of all in the management of such cases is, to keep from spilling urine upon the wound. The most scrupulous care should be taken to close the end of the catheter in withdrawing it. If this is neglected a few drops of urine will escape from the eye of the instrument, and falling upon the wound will cause trouble.

Notwithstanding all this care, suppuration will sometimes occur, and then the question arises, how to manage this complication. If the suppuration is limited to the track of one suture, that one may be removed and the remaining ones trusted to keep the parts together. It sometimes happens that a cellulitis, which begins in the region of the sutures, extends outwards, and ends in suppuration. This should be treated by a free incision and drainage, which may save the operation. On the other hand, if suppuration takes place between the surfaces to be united, there is very little hope of obtaining union at all by any kind of *treatment*.

A partial or even complete success may be obtained in such cases if the suppurative process is detected early, and drainage from the lower edge of the wound is established. This can be effected by loosening one or more of the sutures, and then introducing carbolized silk thread or horsehair to secure the free escape of the inflammatory products."—*A. J. C. Skene.*

ANAL FISTULÆ IN WOMEN.

In the hope of curing the fistula without dividing the sphincter the following method is adopted: An incision is made through the skin and lower part of the sinus, large enough to admit two fingers below and one at the upper end of the wound. The edges of the wound are held apart with retractors, and the opening into the rectum is found and brought into view by passing the rectum and averting the rectal wall through the wound. The edges of the opening in the rectal wall are then pared with the scissors, and two or more catgut sutures introduced and tied. The external edges of the wound are kept apart by a pledget of carbolized lint, which is changed every day until the wound heals. The idea is to first convert a complete fistula into a blind, external one, and then finish the cure by compelling the external sinus to heal from below, outward. To prevent any strain upon the sutures by distention of the rectum, Dr. Skene paralyzes the sphincter by overdistention and keeps the bowels free by saline laxatives. Of two cases treated in this way, one was a success and the other only partially so, as the opening into the rectum closed, but a blind, external fistula remained.

Regarding this method of treating fistulæ, he can only say that the danger of loosing the sphincter muscle is avoided, which is very important, but still there are objections to it. The operation is difficult to perform, at least the closing of the opening in the rectum with sutures is not easy, and *then, his impression is, that it will fail to cure some cases.*

NERVOUS DISEASES.

DIPHTHERITIC PARALYSIS.

Dr. H. C. Wood uses strychnia, beginning with gr. 1-64th. In order to get good results from the use of strychnia, the best way is to begin with a minute dose and gradually increase as tolerance is established, until you begin to have constitutional symptoms. The tolerance to the action of strychnia varies greatly in different persons. Children tolerate it strangely well as they do most other nervine remedies. They will take relatively large doses without the production of tetanoid symptoms. For an adult he usually begins with gr. 1-60th. For a child of five years, gr. 1-100 to 1-120th, and in little children even a smaller quantity. He then progressively increases the dose at intervals of a few days until in adults he gives, gr. 1-12th, gr. 1-10th, or even gr. 1-9th, three times a day, without producing the characteristic symptoms of its action.

The symptoms that indicate its specific action is a sense of tension in various muscles, particularly the masseter, the pectorals and the muscles of the abdominal walls. Thus, for instance, a patient who has been taking strychnia in this manner, will tell you that on rising from a chair, there is a stiffness of the abdominal muscles soon passing over, or that while eating there are slight jerks in the masseter muscles, or that while breathing he is conscious of a little gasping feeling which is due to cramp of the pectoral and thoracic muscles. These symptoms are not dangerous. They will subside if the drug is withdrawn or the dose lessened. In many cases where you need strychnia, you will fail to get good results until you produce these symptoms. This is especially the case in regard to functional local paralysis. Many of these yield to strychnia only when it is pushed; but if you simply go on in a routine way, giving a certain dose because that is the dose laid

down in the text book, you may continue its use indefinitely and yet be disappointed.

He then begins with, gr. $\frac{1}{64}$ th, three times a day, in solution with alcohol and syrup, and gradually increases the dose. A very good way is to give it in the form of pellets containing a definite amount of the drug, say, gr. $\frac{1}{100}$ th in each one. You could begin with two, three times a day and gradually increase until, perhaps, the patient would take ten, three times a day. The difficulty in giving it in solution must be apparent. The solution is of a definite strength say, gr. $\frac{1}{100}$ th to each teaspoonful. In order to increase the dose you have either to be constantly changing your solution or else give a much larger amount at a dose. If you direct the patient to take a fractional part of a teaspoonful you have to provide him with a minim measure, for in dealing with such powerful drugs as strychnia, it is entirely wrong to order a half teaspoonful, trusting to the patient measuring it with his eye, nor can you tell him to take so many drops, for the drops vary so much in size that it is impossible to be accurate.

Secondly, if the paralysis proves obstinate you will find excellent results from local faradization. In the local paralysis following diphtheria, local faradization is an excellent adjunct to the thorough use of strychnia.

For faradization of the larynx, there will be required a rhéophore, that is, a pole insulated and bent, a laryngeal mirror, and an assistant to hold the other pole on the neck over the pneumogastric nerve. The rhéophore, by the aid of the mirror, is carried to the false cords, the true cords and the surrounding tissues.

Dr. W. saw a marked instance of the value of this form of treatment in the case of a lady with total paralysis of the pharyngeal muscles, after diphtheria, allowing liquids to regurgitate through the nostrils and greatly altering the voice. Here two or three faradizations associated with large doses of strychnia completely restored the contractility of the muscles.

CEREBRAL SOFTENING AS A RESULT OF EMBOLUS.

Prof. William A. Hammond referring to the treatment of this affection, says:

The one great and grand thing to do when the patient is seen in the first stage of the attack is to *let him alone*. Merely keep the head slightly elevated and cool, and there stop. Later on, after the active symptoms of irritation, such as muscular twitchings and convulsions and the general prostration, have passed off, then the head should be kept warm, at an equal temperature, but not hot, so as to facilitate the flow of blood to the part. Otherwise simply carry out whatever indications may arise, such as drawing off the water if the bladder is paralyzed, or administering a cathartic if there is obstinate constipation. The diet should be nourishing and simple, and the habits regular. But if the strength continues to fail, and there appear symptoms of heart-weakness, the question as to whether stimulants should be given then arises. When such a crisis comes there is only one thing to do. Alcoholic stimulants must be administered carefully in small and repeated doses, and the effects closely watched. So the patient should be tided over the dangerous period until the vessels can recover their normal relations. But after all active symptoms have disappeared something should be done in the way of trying to improve the nutrition and power of the brain. Strychnia and phosphorus seem to have such an influence. One tenth of a grain of phosphate of zinc and one third of a grain of nux vomica may be given at a dose. The following is the usual formula:

R	Zinci phosphatis	gr. iij.
	Ext. nucis vomicæ,	gr. x.

Fiat pillulæ xxx.

Sig.—One pill three times a day.

GENERAL HYGIENE AND THERAPEUSIS OF POSTERIOR SCLEROSIS.

Dr. Weir Mitchell claims to have seen good results from

two drugs—nitrate of silver and iodide of potassium—and of these the latter has given the best results. In France there is still some belief in the value of the mineral waters of La Malon in L'Hérault, but the slight experience he has had with them has not been encouraging. There is a period, and a long one, in which the ataxic is able to enjoy life to a considerable extent, before his powers of locomotion fail. It is in this stage of the disorder that it is most important for him to live by certain rules, which are not at all those which should govern healthy people. The great heats of our summers are very hurtful to these patients, and no class of people seem to benefit more than they by changes of climate. The situations which suit them best in summer are moderate elevations, such as the foot-hills of the Alleghanies, or Saratoga, or the Adirondacks. The seaside or cold baths are undesirable. The somewhat mysterious group of ærial states which accompany or constitute storms are most distressing to many ataxic neuralgics. Like the traumatic neuralgics some of them can predict with certainty, and begin to feel their baleful influence long before the rain belt reaches them. The general sensibility of ataxics to storms and cold makes it, therefore, needful for them to exercise unusual care in avoiding abrupt changes of temperature, and in watchfully suiting their dress to the season. As to exercise, it may be said that all of this class of persons should zealously avoid fatigue, and that many of them are the better for not walking at all. In such ataxic persons as are at all sensitive to the influence of exercise, any unusual exertion is apt to be followed by slight increase of strabismus, by sense of lassitude, and by definite increase of neuralgia and of the disorders of co-ordination. The patient should be well rubbed once a day. The objects are to excite locally the circulation, to empty thoroughly all the vessels within reach, to flush the whole limb so as to raise its temperature, and to stimulate vigorously the muscles so as to give them at least for a time, the tone they lack. Ataxics are not especially liable to dys-

pepsia, but they are forced to take aperients from time to time. A pill of aloes and irridin, or of aloes, ox-gall and belladonna, answers usually, or suffices if aided by an enema. Tobacco has a decidedly hurtful influence on most ataxic patients. It were best avoided altogether. The hygiene of the sexual organs is a far more important matter. In some few cases the loss of virile power comes very early, and is well marked; but the writer knows of many ataxics who have had children after their disease became well marked. At La Malon, where Dr. Privat sees a great number of posterior scleroses, the prohibition of all sexual intercourse is absolute and peremptory.

SALICYLATE OF SODA IN CHOREA.

In a case of chorea, in a child of seven, Dr. S. Weir Mitchell gave the following prescription for more than a month, and apparently with decided advantage, each dose containing:

R	Sodii salicylate.,	gr. x ;
	Glycerinæ,	ʒ j ;
	Spts. lavendulæ,	℥ v ;
	Ol. gaultheriæ,	gtt. ʒ ;
	Aquæ,	q. s. ad. ʒ ss.

Given three times a day.

He has been experimenting in this case and in a number of others concerning the effects of salicylate of soda in chorea, and it looks as if the experiment would prove to be of some value.

HYPODERMIC INJECTIONS OF FOWLER'S SOLUTION IN CHOREA.

Prof. Hammond selects the front of the fore-arm as the most suitable place, and injects into the cellular tissue. The dose should be diluted with an equal quantity of water or glycerine. Larger doses may be given than are tolerated by the stomach. He has even given thirty-five drops as an *initial dose without* unpleasant symptoms following. *Marked improvement has frequently followed a single injection.*

MELANCHOLIA AND NERVOUS EXHAUSTION.

Drs. John Ellis Blake, and Allan McLane Hamilton, recommended daily inhalations of not less than twenty gallons of well diluted (with air) nitrous-oxide gas, in these conditions. The dilution of the gas with air is accomplished by opening the valve of the inhaling instrument when it is near the patient's mouth.

CANNABIS INDICA IN EPILEPSY.

This remedy, in doses of gr. $\frac{1}{8}$ of the solid extract thrice daily, has been very successful in the hands of Dr. Wharton Sinkler.

THE TREATMENT OF EPILEPSY.

In the general treatment of epilepsy Dr. Seguin uses only one formula in order that he may keep an exact record of the quantity of the bromides that is taken in each case. This gives a standard for all, and enables him to compare readily the quantity taken by different patients. His first solution is:

R	Ammon. bromid,	$\frac{3}{4}$ ss;	
	Potas. bromid,	$\frac{3}{4}$ j;	
	Aquæ,	$\frac{3}{4}$ vij.	M.

His experience shows that simple water is best for bromide solutions. He never employs elixirs or syrups, for patients soon tire of them, and, as a rule, prefer the saltish taste to salt mixed with sweet. In his second solution he substitutes bromide of sodium for bromide of potassium, as it seems to suit some patients better than the latter. In his third solution, which he has used during the past two years only, he substitutes chloral for bromide of ammonium in the above, and this prescription, he finds, is excellent for a certain class of cases. Allowing seven teaspoonfuls to the ounce, it is seen that in the first mixture one teaspoonful contains ten grains of bromide of potassium and five grains of bromide of ammonium; in the second, ten grains of

bromide of sodium and five grains of bromide of ammonium; and in the third, ten grains of bromide of potassium or sodium and five grains of chloral; that is, in every instance, one teaspoonful of the mixture contains fifteen grains of the "anti-epileptic." It is generally necessary to produce mild bromism; but severe bromism is very injurious. It is always a delicate matter to steer between the two extremes of too little and too much bromide, and it ordinarily takes him from one to three months to fix upon the proper dose in any given case. Hence he invariably refuses to treat out of town patients for epilepsy unless they consent to remain in New York for at least a month after the treatment is commenced. There is a marked difference in individuals as to the toleration of the bromides.

In order to determine the effect of the bromides it must be observed (1) whether the intellectual faculties show a tendency to become sluggish and dull, and (2) whether the muscles have lost tone, which produces a change in the physiognomy. A delicate test of bromism is that discovered by Voisin, viz. the irritation of the fauces and palate with a spatula or brush, as the disappearance of this reflex is a very constant sign of bromism. It should never be omitted. Voisin claimed that when this point was reached we need go no farther; and this is a good general rule, though it has its exceptions. In some cases the attacks return from time to time, notwithstanding this evidence of bromism.

The eruption of acne is looked upon by the patient and friends as a very important sign of bromism, but not by the physician. It is really due to some peculiarity of the individual in whom it occurs, and varies very greatly in severity and in location in different patients. The shoulders, neck, and face are most apt to be affected. In some cases the acne becomes troublesome long before doses sufficiently large to control the epilepsy are reached. More serious effects of bromism are those such as paresis and impairment of intellect; but it is never necessary to push the remedies

to this excess. It is very seldom that morbid bromism is produced if proper caution is observed.

The time necessary to continue the drugs is still under discussion. Some authorities are content with one year. Dr. Seguin holds that the patient should not give up their use until he has been three years without any epileptiform manifestation, however slight. He has seen patients who had left off the medicine at the end of two years, and then had a return of the trouble. A physician will often be importuned by the patient and his friends to allow him to give up, but he must be firm in insisting upon the continuance of the treatment. It is seldom, however, that he can prevail upon patients to keep it up three years after the attacks have entirely ceased.

. The time in the day for the administration of the bromides is an important factor in success in treatment. For a time Dr. Seguin followed Brown-Séquard in his practice of giving the greater part of the quantity at bedtime, because in the immense majority of instances the attacks occurred between bedtime and 8 or 9 A. M. His plan is now to give the greatest amount just before the time that the attacks are wont to occur.

This is his manner of giving the bromides in different cases, it being understood that the patient in each instance is an adult:

1. When the attacks occur at night or early in the morning he gives one teaspoonful of the mixture before each meal, and then at bedtime.

2. When the attacks vary as to time he gives two teaspoonfuls in the morning, one before supper, and two or three at bedtime.

3. When the attacks are more liable to occur in the daytime he administers three or four teaspoonfuls in the morning, one before supper, and two or three at bedtime.

4. In the nocturnal form he administers three or four teaspoonfuls at one dose, either at bedtime or early in the evening.

CEREBRO-SPINAL MENINGITIS.

In the first place, for the local lesion. The indications for the local lesion are the same as they are for an acute meningitis of an epidemic or idiopathic kind. Thus, at the very commencement of the disease local blood letting and cold are employed by Dr. Francis Delafield. Local blood letting is only to be employed in persons who are strong and robust. The blood is to be taken from the temples, or the nape of the neck, and from the upper part of the spine, either by leeches or by wet cups. This, however, should only be done during the first three or four days of the disease, not after the fourth day of the disease. If the patient is not seen until after that time, there can be no object in local blood letting. Cold is applied to the head and to the back of the neck by means of ice bags, and the application of cold is kept up pretty continuously. It should be kept up as continuously as possible for the first days of the disease; for the first week of the disease, in a considerable number of cases. These two means, the use of blood letting and the use of cold, are the most efficient agents for controlling the local inflammation. These agents are only efficient during the beginning of the disease, the blood letting during the first week of the disease.

In addition to this local treatment, measures have also to be taken to make the patient more comfortable. The symptoms which trouble the patient most are, usually, headache, restlessness and delirium. These symptoms are generally best quieted by the bromide of potash. The bromide of potash given alone, or with chloral, or with hyoscyamus, or with one of the preparations of musk, or with the tincture of castor. There are very few patients not tolerant of the bromide. The bromide must be given in doses of twenty or thirty grains every three hours, and will often be rendered more efficient if it is combined with *one or other* of the drugs above cited. The chloral hydrate *is one of the best of these drugs*. Unfortunately, there are

some patients who cannot take chloral, in whom it produces unpleasant symptoms. In patients who can take it, usually ten grains is a sufficient dose to be given, combined with the bromide. In patients who cannot take chloral the tincture of hyoscyamus is often of very great service, and should be given in drachm doses with the bromide, making a mixture containing both the bromide and the tincture of hyoscyamus, so that the patient takes twenty grains of the bromide and a drachm of the tincture of hyoscyamus at each dose. Then, in patients, especially women, in whom the restlessness takes on the hysterical character, there is advantage in using the tincture of castor. This is in the same doses as the tincture of hyoscyamus, that is, in drachm doses every three hours. Occasionally resort must be had to opium. Quinine is now indicated in this particular disease. Quinine is now given almost as a matter of routine for every disease from which patients suffer, but there is no particular advantage in giving it in cerebrospinal meningitis. The temperature usually requires no particular attention. It does, indeed, sometimes run pretty high, but this is usually only toward the close of the disease, when there is no particular advantage in any treatment; but during the ordinary course of the disease the temperature is not apt to run over 104° in adults, and 104° in adults is, in Dr. Delafield's opinion at least, a very harmless temperature. He thinks that adults bear a temperature of 104° for a considerable length of time without any danger whatever. If, however, it be found necessary to attempt to lower the temperature, the best way to do this is by means either of cold effusions or of cold or tepid baths, or of the cold pack. Quinine has no effect whatever in reducing the temperature in this particular disease.

In children, cerebro-spinal meningitis runs a little different course from what it does in adults. The diagnosis is by no means as easy, especially if the children are quite young. The invasion of the disease is as a rule acute, and the invasion is very apt indeed to occur with convulsions. The

patients have a number of convulsions, and these convulsions may be repeated at intervals during the first twelve or twenty-four or even forty-eight hours, of the disease. The convulsions disappear, but the child continues dull, drowsy; hardly, however, comatose, but it takes no notice, or very little notice of what is going on around. The temperature runs up pretty high from the very commencement of the disease. It runs higher than it does in adults. The child will have a temperature of 104° by the first twelve or twenty-four hours, and the temperature will continue between 104° and 106° or 107° , during the rest of the disease. In children, these may be the only symptoms that will present themselves in the majority of cases. The occurrence of repeated convulsions, followed by a peculiar condition of stupor, and with this well-marked febrile movement. These may be the only symptoms that these children will present, and in this stupid condition, with well-marked febrile movement, the patients will continue until they die, or the stupor will gradually diminish, and the patient will get better. The disease, however, is much more fatal in these young children than it is in adults. And a considerable number of these cases in young children will be seen in which it is impossible to tell whether the children are suffering from epidemic cerebro-spinal meningitis, or from acute idiopathic meningitis, or from acute meningitis secondary to suppurative inflammation of the ear, or tubercular meningitis. All these different forms of meningitis may present symptoms which are exactly the same in these children.

The indications for treatment in children are the same as in adults, only in these young children local blood-letting should never be thought of.

MISCELLANEOUS.

CALCIUM SALICYLATE IN THE SEROUS DIARRHŒAS OF INFANTS.

By Alexander Hutchins, M. D.

In the last volume of the St. Thomas' Hospital Reports, appeared an article on the "Salicylates of Calcium and Bismuth in the Diarrhœas of Infants," giving the theoretical reasons for their use and reports of cases, wherein occurred the statement that the treatment had been found satisfactory in the dispensary practice connected with that institution.

The indications of treatment seemed to be pretty clearly defined. Whenever the dejecta were of the serous character, whether the flux was more or less profuse, in all the cases where the tendency was to cholera infantum, when collapse was to be looked for from excessive drainage of the serum, the calcium salt acted promptly in checking the frequency of the movements—ultimately in controlling them.

The cases on which this memorandum is based are selected so far as to include all those with the more or less profuse watery alvine evacuations, with or without vomiting, and to exclude all others. The purport of this memorandum is to put on record the fact that these discharges were controlled by the calcium salicylate with a promptness and efficiency that the writer has never experienced by any other mode of treatment. The patients ranged in age from two months to two and a half years. No discrimination was made as to diet, which, in some instances, was breast milk exclusively, in others, condensed milk, the patent foods or a mixed diet. In no case was any modification of the previous diet called for, save in the matter of quantity. All the patients were in good social and hygienic surroundings. In two instances the infants

were at their summer homes, and the telegraph and mail related the symptoms and conveyed the medicine. In all cases the dose was 3 to 5 grains from 2 to 4 hours. The total quantity consumed by each patient varied between 6 and 18 powders. In a few cases minute doses of aconite and veratrum were given during the stay of the high temperature, and in other few, small doses of quinine were followed up after the subsidence of the disease.

It was noted that the medicine seemed to have no influence in changing the secretions so as to modify the character of the evacuations. The discharges would be under control for a time, say from 2 to 12 hours, and the next movement would be a watery one, but there would be no further recurrence of the diarrhœa. There might be a return to normal movements, or there might be a change to the diarrhœa of indigestion, or to a diarrhœa from irritation of the mucous surface, each of which would require some special interference. These sequelæ were exceptional, but in no case did the serous discharge recur.

It was noted, likewise, that this treatment necessitated very little interference with the usual diet of the child. It would be nearer the exact fact to say that no interference was required. In the majority of cases the discharges were so promptly checked that an indigestion did not occur.

It was further noted that the calcium salt had no appreciable effect on any one of the other forms of intestinal flux, whether lenteric or inflammatory. The serous diarrhœa alone seemed to be amenable to this drug. Each of the other forms required special treatment.

An additional fact was noted, that the vomiting accompanying these diarrhœas was controlled as soon as the medicine began to show its effect on the discharges. Certainly without exception the stomach tolerated the presence of the drug.

The excessive watery discharge, the hyper-secretion *from the intestinal mucous membrane*, is the obvious waste *which it is desirable to control*. The tendency is to col-

lapse from exhaustion. This tendency is averted so soon as the discharges are stopped or modified. All efforts at support are entirely futile till the flux is arrested. It is therefore of supreme importance to arrest the discharge promptly.

My observations in a limited number of cases, occurring during a portion of one season, have shown that the calcium salicylate has a positive usefulness in the serous diarrhoea of infants, and judging from my own observations, its usefulness is limited to the cases characterized by profuse watery flux. In the other forms of catarrhal diarrhoea in the congestive and inflammatory forms, where there is organic change in the mucous membrane, and where the discharges are dysenteric, there is no evidence of the special usefulness of the drug.

Assuming the correctness of these observations, the time has not arrived for any positive statements of the *modus operandi*. The causes that operate to produce catarrhal diarrhea in infants are numerous, and to no one of the forms of this catarrhal diarrhoea is there any characteristic pathologic condition. The common consent of post-mortem statements, as well as the argument from the disease during life, and when it does not go to a fatal issue, is that this serous diarrhea results from a simple functional lesion, and that this lesion is a hyperæmia over a greater or less extent of the intestinal tract. This hyperæmia is accompanied by an elevation of temperature local to the part affected, and the excessive peristaltic action is a contingent on the excess of fluid poured into the intestinal canal.

Concurrent with this is the undefined status of salicylic acid in therapeutics. At the least the acid is recognized as an apyretic, a depressor of animal heat, under certain conditions, and that it arrests fermentation. Mr. Kilner alleges that he was led to use it in infantile diarrhoeas from having observed its effect in producing diaphoresis in a case of variola, and arguing that, if it derived to the skin, it would relieve the pressure on the intestinal tract. I have been

totally unable to verify his statements as to its derivative action on the skin, and am more inclined to hold that, in its power of reducing the abnormal heat of the intestines, in arresting the irritant action of the products of the organisms, which are the active agents of putrefaction and fermentation, either or both, is to be traced the efficiency of the calcium salt in these infantile diarrhœas.

In every case, thus far, the writer has dispensed the medicine himself in the sick room or in the office. He had the knowledge of using a properly prepared drug, and the advantage of immediate service. Besides, he was scrupulously careful to show the attendant how best to administer the medicine. By mixing the 3 or 5 grain dose in a teaspoonful of sugar, adding a few drops of water at a time till the whole is thoroughly moistened, and then thinning it with water so that it can be easily swallowed, is a sufficient device, though demanding a little patience.

The following prescriptions contain five-grain doses of the salicylates.

R	Acid salicylic,	gr. xxx.	
	Cretæ precip.,	gr. x	
	Syrupi,	3 ii.	
	Aquæ,	3 xiv.	M.

Two teaspoonfuls every 2 to 4 hours.

R	Acid salicylic,	gr. xxvi.	
	Bismuth teroxid.	gr. xiv.	
	Tr. hyoscyami,	3 i.	
	Syrupi,	3 ii.	
	Aquæ,	3 xiii.	M.

Two teaspoonfuls every 2 to 4 hours.

The form in which I have used the calcium salt would be represented in a formal prescription thus:

R	Acid salicylic,	gr. xxii.
	Cretæ præparat.	gr. viii.
	Misce accurate.	

Divide in chart. No. vi. (gr. v.), vel. No. x. (gr. iii.)
Sig.—One every 2 to 4 hours,

I found the calcium salt so effective that I abandoned the *bismuth salt* mainly to avoid the discoloration of the discharges due to the bismuth. I did not find that the bis-

muth acted any more effectually than the calcium in controlling the vomiting.

Two more facts of interest remain to be stated. In the process of mixing the powder an effervescence occurs, which alarms the attendant, but which the prescriber recognizes as due to the release of carbonic acid in the formation of the new salt. Also in the process of mixing, a pungent odor of chlorine is not infrequently perceived; this is probably due to the impurity of the prepared chalk. The prepared chalk of the shops is a residuum of the manufacture of chlorinated soda, and if the chalk be imperfectly washed an odor of chlorine will be perceived. This is an impurity of the drug, and should be avoided.

JOHNSTON'S FLUID BEEF.

Cantor Lectures on Food, p 164.

DR. H. LETHEBY says: "False views have been entertained of the nutritive power of Extract of Meat, for as one pound of it represents the soluble constituents of thirty-four pounds of lean meat, it has been assumed that its nutritive power is in like proportion; but Liebig has taken care to correct this error by showing that the Extract merely represents the soup or Beef Tea obtained from that quantity of meat, and as it is deficient in albumen, it must be conjoined to substances which are rich in this material."

Lancet, November 11th, 1865.

BARON LIEBIG says: "Were it possible to furnish the market at a reasonable price with a preparation of meat combining in itself the albuminous with the extractive principles, such a preparation would have to be preferred to the 'Extractum Carnis,' for it would contain ALL the nutritive constituents of meat." Again: "I have before stated that in preparing the Extract of Meat, the albuminous principles remain in the residue; they are lost to nutrition; and this is certainly a disadvantage."

To obtain a perfect Beef Tea, then, it is essential that albumen and fibrine shall be added to the extractive or stimulative qualities. This is the theory which led to the preparation of JOHNSTON'S FLUID BEEF (the only Meat Extract which fulfils all the conditions of a perfect food). It is essentially an Extract of Beef, prepared upon the most approved principles, but differing from all other Extracts or Essences of Beef, inasmuch as it is in combination with the actual Beef itself.

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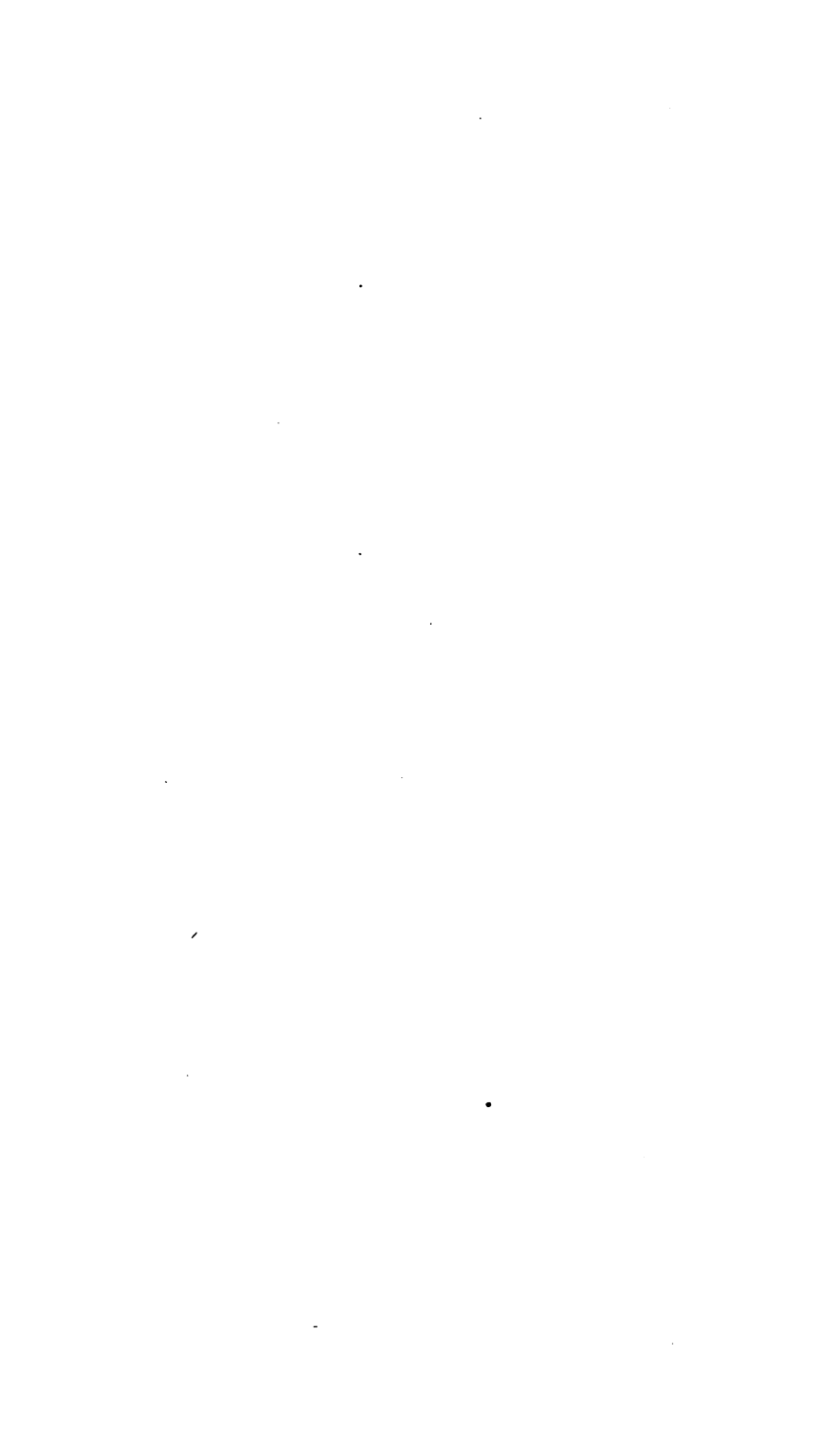
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Published by the American Medical Association, 535 North Dearborn Street, Chicago, Ill.

Printed at the American Medical Association Press, 535 North Dearborn Street, Chicago, Ill.

Second-class postage paid at Chicago, Ill., and at additional mailing offices.

Postmaster: This journal is published weekly except during the summer months when it is published bi-weekly. It is published for the American Medical Association.

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